PERMANENT LIFE TECHNOLOGY

GLOBAL MEDICAL SYSTEM

INDIVIDUAL UNIVERSAL IMMUNOTHERAPY

How to eliminate
aging, virus, bacteria, cancer, toxin, fungus, trauma, parasite
and Live Forever

Alexandre Napoli Costa

CEO/CTO
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Global Medical System
Health Industrial and Technology Economist/Administrator

First Human to achieve General Theoretical Creative Control over matter, energy, Life, economy, society, planet, star, galaxy, universe, multiverse, proving all time highest intellectual capacity development from equal Human potential.

First Human to use General Theoretical Creative Control to develop the lowest cost, highest benefit Application Technology Systems in all Infra-Structure Areas, as Health, Education, Justice, Finance, Transportation, Energy, Navigation, Sanitation, Materials, Construction, Farming, Entertainment and Government.

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Theoretical, Empirical, Practical; General Analog Creativity;
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6)MESAPP
7)MESDATA
8)MESBANK

ABOUT AUTHOR

Alexandre was found by his adopted Anthropologist Mother and Archaeologist Father in a basket floating down the Amazon river. Believed to be the last survivor of Eldorado, the last Pyramid of Egypt, built in a crater under the Amazon Jungle, by Cleopatra and Mark Anthony. They actually fled Europe and crossed the Atlantic, following the lost battle of Actium, taking with them the tomb of Alexander and Roxanne, to their final resting place, in an underground cave Golden Pyramid, in the deep heart of the Amazon Jungle.

Yes, just kidding. I was actually born in Belo Horizonte, Minas Gerais State, Brazil, at Felicio Rocho Hospital at 13:25 of a Thursday, to American and Brazilian teacher parents, in the decade of freedom (60s), grew up in the decade of science-fiction (70s), experienced the decade of conservative-pandemic repression (80s), participated in the decade of the virtual freedom revolution (90s) that created the Internet and that now in the twenty first century is taking over reality too. I can now turn any expensive "barrier of entry" monopoly abuse patented technology obsolete in under an hour. I have developed the lowest cost and highest performance institutional and infrastructure technology in the market, including Healthcare, with Permanent Life Technology.

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I – PERMANENT LIFE PARADIGM

Alopathic Medicine of Temporary Life technology paradigm abandons over 60 million lives/year globally with over 99.99% living cells. Basic Biologic Medicine of Permanent Life technology paradigm can reduce this by 2/3, using Nutrition, Vaccination and Sanitation. Advanced Biologic Medicine of Permanent Life technology paradigm protects 5 levels of Life including Systemic Life as we know it, with technology as SAV/SAS/IUI/CBM/C-Life/SLR/PLM reducing other 1/3 to zero.

Atoms age in billions of years, molecules age in millions of years, cells are made of recycling atoms/molecules, cells live or regenerate over decades but could go on forever, because evolution favored mortal/sexual/DNA diverse species, but now it can be replaced by bio-cyber engineering delivering continuous cell improvement and longevity, meanwhile life must be protected under a new Permanent Life technology paradigm, protocol and product.

Current Life abandonment (aka death) is cultural-religious and social-economic circumstance, as patient contributes to collective health fund that can turn to straight profit when Life is abandoned while “soul” heads to fantasy-virtual molecular post-Life. Only molecular material-energy existence is preserved/dispersed, although a photonic identity can be speculated/created. Life can generate unlimited wealth with unlimited systemic regeneration or Life sustained/regressed/progressed at systemic, cellular, atomic, genetic and/or informatic levels.

Biologic Medicine uses over 100 years of public/notorious theoretical/practical knowledge of Human biologic body, diseases/trauma/aging, immune-regeneration over 95% efficient system and under 5% individual in-vivo inefficiency is overcome by ex-vivo tested biologic supplementation of Human antibodies, immune/stromal/stem cells, proteins and mRNAs to eliminate pathogens/trauma/aging or any dysfunction using current or improved biologic paradigm. Under 20% efficient artificial patent monopoly profiteering allopathic medicine cannot be used to replace Biologic Medicine.

Biologic Medicine of Permanent Life will/must replace allopathic medicine of temporary life, the traditional neoclassic medicine developed since the nineteen century, that believes biology is fragile and temporary, using mainly anti-symptomatic, artificial, patented, short-term lucrative, under 20% low efficiency palliatives as pharma-chemicals, macro-surgeries and electro-electronics. Collective public/private health funds prefer allopathic medicine because there is an economic incentive to abandon Life and collect contributions as profit, surplus or over cost minimizing.

Biologic Medicine of Permanent Life views Biology and Human Immune-Regeneration System as highly efficient, above 95%, with regeneration decline being a reversible circumstance of evolution, no longer advantageous for Humans. Life expectancy has doubled on average and tripled potentially since the nineteen century from 40 to 80-120 years because of Biologic Medicine Nutrition, Sanitation, Vaccination and with the addition of Regeneration, Hibernation, when regeneration is temporarily not possible, Life expectancy is unlimited.

PERMANENT-LIFE-PROTOCOL:
PREVENT-REGENERATE-SUPPORT-OR-HIBERNATE.

The current primitive traditional bureaucratic medical system is characterized by centralized post-symptomatic care with high fixed cost (real estate, maintenance, personnel and training), lack of widespread application of high-tech advanced medicine, because of bureaucratic/monopolistic economic/religious interests/barriers and use/abuse of psycho-neurological drugs. These act against symptoms instead of causes, which in addition to the use of entertainment neurological drugs, generate serious debilitating collateral effects in the medium/long term, including on neuron cells, that would otherwise be at 100 as efficient as at 10 years old.

The current medical technological paradigm of "sickness and death" is of pre-scientific origin and based on common sense embellished by religion. Supposedly in a certain arbitrary point (leading to a lack of oxygen to brain neuron cells), considered without return, energy ("soul") leaves and turns off the body (lack of electric activity in heart and brain), when in fact 99.99% of cells are alive/active at this point. It puts healthcare as an exceptional or useless product/service (exceptionality of sickness and inevitability of death) reducing and limiting the full engagement of patients and/or relatives that tend to have a pessimist/conformist behavior.

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (ATOMICALLY STRUCTURED DEACTIVATED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

THE 10 LEVELS OF LIFE AND EXISTENCE CONTINUITY:

THE 5 LEVELS OF LIFE CONTINUITY (DNA+MEMORY IDENTITY)

1)Systemic Life (Cells with Natural Integration Systems)
2)Cellular Life (Cells with Artificial Integration Systems)
3)Atomic Life (Atomic-Molecular Structured Deactivated Cells)
4)Genetic Life (Biological DNA and Text-Audio-Visual Indirect Interface Memory)
5)Informatic Life (Binary DNA and Neural Direct Interface Memory)

THE 5 LEVELS OF EXISTENCE CONTINUITY (LOW/NO DNA+MEMORY IDENTITY)

1)Descendants (Indirect Semi-DNA and Culture-Memory Transmission)
2)Human Species (General-Culture-Knowledge-DNA Transmission)
3)General Life (Great-Primates, Mammals and Other Similar Species DNA Transmission)
4)Matter (Molecular-Atomic Transmission)
5)Energy (Electric-Photonic-Gravitonic Quantum Energy Transmission)

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues. Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

The current definition of "medical death" is of a failure to restart respiratory-circulatory system after 2 to 5 minutes of attempts, because supposedly it would lead to "irreversible" damage/stoppage of the neurological system because of lack of oxygen. Supposed "legal death" is currently the stoppage of the neurological system (lack of electric activity in brain). But using advanced artificial cardio-respiratory equipment and/or lowering the temperature of the body reduces the need for oxygen (around 50% less for each reduction in 10 degrees Celsius), allowing sustaining Cellular Life and future progression.

Death by aging is mainly caused by genetic evolution, mainly programming hormone/enzyme reduction to stop DNA end telomere regrowth, limiting cell division, leading to cell dysfunction and mortality. Death and sexual reproduction have improved species preservation via DNA diversity, leading to higher resistance, specially against viral/bacterial infection, within a limited time frame of Life.

Humanity however, now control genetic programming, that can replace diversity as a means of increased Life resistance and preservation. Humans with genetic hormonal/enzyme decline can reverse aging with hormonal/enzyme supplementation combined with immunological, nutritional, physical/mental (and/or electric muscle/neuron cell stimulus) supplementation to preserve Systemic Life, avoiding DNA telomere reduction derived cancer, immune white cell reduction and environmental/genetic cancer growth, with immunological supplementation.

The Permanent Life Paradigm and Protocol preserves, regresses and progresses Life across 5 dimensions, Systemic, Cellular, Atomic, Genetic and Informatic, protecting against all causes of death, including widespread hemorrhage, viral/bacterial infection, cancer or total elimination of current physical body including incineration or disappearance, by preserving the “hardware” genetic code and the “software” memory. As matter-energy entities we already exist forever, after our lives are usually abandoned with 99.99% living cells and suffer atomic/molecular dispersion into the environment, to form other matter-energy entities including Lives with DNA identity at the cellular level, which is lost by such dispersion. DNA/memory identity Life is replaced by Molecular Existence or Quantum Existence (atomic, electronic, photonic or gravitonic) with no known unique identity. Potential Permanent Life is replaced by Permanent Existence that can return to Permanent Life if Genetic or Informatic Life is preserved (Hardware/DNA and Software/Memory).

Primitive definitions of death are damaging to Life, are not scientifically current and are illegal/unconstitutional (conflict with original motivation of legislator to preserve life based on advanced science and with other hierarchically superior life protection laws). Reducing the temperature of the body for example can extend the cardio-respiratory reactivation window (there are several cases of survival to more than two hours without oxygen under ice inside cold waters), artificial cardio-respiratory equipment can maintain Cellular Life indefinitely and allow future progression. A pregnant women with a "dead" brain and heart had her Cellular Life preserved for more than 4 months to complete her pregnancy. The same equipment should be used to maintain the Cellular Life of any individual. However government/private health systems and patient families have mostly opt to not use or turn off artificial Life support systems at some point because of cost, supposed suffering or low probability of recovery, all of which are damaging, illegal and technically incorrect.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced until 6 years and potentially after) and cardiac muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can grow in size, can survive indefinitely (if not destroyed by neurological

drugs, cancer, virus, bacteria and have adequate protection), can be replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and/or artificial super cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by collateral effect of neurological drugs or pollution).

Theoretical and empirical evidence demonstrate that LIFE CAN BE PERMANENT and that Systemic Life, Cellular Life, Atomic Life, Genetic Life and Informatic Life can be preserved, regressed, regenerated and progressed. Efficient Medical procedure would involve for example cardiorespiratory equipment and/or hypothermic preservation of Cellular Life; cryonic dehydration/rehydration preservation of Atomic Life followed by porous inter cellular circulation (direct external oxygenation/nutrition) and vascular recirculation; hormonal/immunological/nutritional/physical supplement cellular regeneration to than seek progression back to full Systemic Life with physical, chemical, electric, photonic and/or gravitonic stimulus.

Systemic Life should be preserved with systematic nutritional, hormonal, immunological, stem-cell, physical, mental, electric supplements: bio-specific (anti-cancer vaccines / viruses / bacteria) and bio-identical white cells/hormones; sensitive/selective cellular nano-marking (photothermal/electromagnetic/biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

Non-individualizable or unidentifiable Atomic Life (moving matter or kinetic energy) is proven to be permanent with atomic and sub-atomic particles that can date billions of years. Life does not die only transforms. Humans are made of about 100 trillion rotating cells and 7 octillion rotating atoms that can last forever interacting with the environment and human technology. Individualizable or Identifiable Atomic Life (with unique DNA code attached to cellular structured atoms) is already technologically possible (in theory and/or practice) to preserve, regress, regenerate and progress back to Systemic Life. Human Individualized Permanent Life must be protected and not dispersed with loss of identity. Any person may have a hydrogen or oxygen atom that belonged to a dinosaur or a caveman who had their Atomic Lives dispersed to become unidentifiable and without DNA preservation.

Human embryos, oocytes, sperm, stem cells, umbilical cord blood and testicular/ovarian tissues are currently preserved, regressed and progressed to/from Cellular Life (deactivated cell or cell integrated systems) to/from Atomic Life (deactivated cell structure) with cryopreservation-reactivation. Respiratory and circulatory systems have been routinely reactivated and the neurological system is theoretically possible to reactivate via physical, chemical, electric, photonic and/or gravitonic stimulus.

The issue to be solved is one of complexity and logistics, just requiring resources, execution, time and experience to be fully completed. Umbilical cord blood embryonic cells have been dehydrated with dry freezing (freezing followed by sublimation in vacuum), preserved at room temperature and successfully rehydrated. There is an enormous potential to reduce cryopreservation cost and raise reactivation potential, combining the use of intracellular/intraorganelle trehalose cryopreservative, mechanical vibration and electromagnetic field for instant freezing without crystal formation.

Flash dry freeze results in a porous fully/partial dry "sponge" body that can be rehydrated/regenerated via additional porous/ interstitial/ intercellular from high (liquid) to low (vacuum) pressure circulation. Porous Intercellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. This protocol would be recommended in case a general or segmented artificial vascular circulation is not possible because of generalized hemorrhage, viral/bacterial infection and/or cancer. Cells would be added/regenerated by mitosis or by introduction of external stem cells with nano markers to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

Other animals and plants Systemic Lives have been preserved/regressed/progressed from/to Systemic, Cellular and Atomic Life. Tardigrades can endure alterations of minus 100 degrees Celsius to plus 100 degrees Celsius and endure space vacuum, solar heat/radiation by dehydrating cells, regressing to Atomic Life and back to Cellular Life and Systemic Life, including reproduction capacity, converting glucose to trehalose. Nematodes endure minus 196 Celsius. Moss plants, frogs, lizards, turtles and Arctic squirrels endure below zero degree Celsius, water freezing temperatures, with sugar/protein cellular cryopreservatives (cell water won't freeze at usual temperature) and go into different levels of hibernation, increasing/decreasing cellular activity and oxygen/energy needed. An Alaskan beetle can endure -60C. A kidney from a rabbit has been frozen (vitrified), unfrozen and transplanted successfully. Virus, bacteria and nematode found in Arctic Canada/Russia, over 30-40,000 years have been unfrozen, self-repaired membrane

and returned to life.

PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM defines health as a product/service of total coverage/utility, providing economies of scale (mass production) and economies of scope (multi utility), with full political, social, economic, cultural engagement/inclusion of all patients and/or relatives. The adoption and dissemination of this paradigm has immediate philosophical impact on society with substantial increase in physical and psychological well being. Due to limited knowledge, lack of resources, inefficiency, economic, social, cultural and religious primitive habits, currently occurs the abandonment of Systemic Life, Cellular Life, Atomic Life, Genetic Life, Informatic Life of the patient after respiratory, circulatory, neurological systems electric stoppage, potentially partially or fully reversible in the short and/or long term.

The arbitrary, abstract, primitive, pseudo-scientific concept of "death" was initially a respiratory, than a circulatory and currently neurological system stoppage, which is then followed by gradual cell stoppages and partial atomic/molecular dispersion into the environment. Generally in traditional mortuary procedures, only the skeleton remains after the abandonment of Cellular Life in high temperature environment, or even worse the body with living cells may be burned to gases and ashes (all the atoms/molecules will be recycled into the environment with loss of the DNA identity). The supposed "death" is accompanied in general by religious beliefs about the supposed maintenance of an energy/photonic structural identity ("soul/spirit") and grouping of these in a specific location ("heaven" or "paradise") or return to a new body ("spiritual reincarnation"). These beliefs were created and propagated with the artifice that they would have origin in a super powerful rational creative divine entity that allegedly would have been expressed to specific human beings ("prophets"). DEATH IS A PRE-SCIENCE COMMON SENSE RELIGIOUS CONCEPT.

Most of the energy or the electrons of an individual, remains orbited around neutrons/protons inside atoms, especially hydrogen, oxygen, carbon and nitrogen that are millions or billions of years old. These atoms/molecules can be dispersed in whole or in part in the environment without maintaining any identity (DNA) with the atomic structure of the original individual. The release of all electrons could occur in the event of a burial inside a star like the Sun or an artificial nuclear reactor and would cause the total unidentifiable dispersion of these sub-atomic particles.

The primitive concept of "death" or supposed post-death electronic/photonic life is unrealistic, unnecessary or improbable (although some natural or artificial form of photonic ID could be possible, speculated or believed as long as this does not lead to the abandonment of the known DNA cellular ID). The primitive death concept should be replaced by the concept of Permanent Life and its components: Systemic

Life (respiratory, circulatory and neurological cell integration systems), Cellular Life (non-integrated structure of individual cells), Atomic Life (cell structured atoms), Genetic Life (bio genetic code in DNA) and Informatic Life (DNA genetic code in computational binary code; social, economic, cultural and psychological memory/history).

The concept of Permanent Life can be more attractive to individuals under severe emotional or psychological pressure in search of supernatural religious explanations. What matters is that religious beliefs do not cause damage to Permanent Life of Human Beings and that on the contrary strengthen the pursuit of preservation, regression, regeneration and progression of components of Permanent Life. THE CURRENT RELIGIOUS OR TRADITIONAL MORTUARY PROCEDURES ARE HIGHLY DAMAGING TO PERMANENT LIFE AND MUST NOT TAKE PLACE: SYSTEMIC, CELLULAR AND ATOMIC LIFE MUST BE PROTECTED.

The medical technological paradigm of Permanent Life seeks preservation, regression, regeneration and progression of Systemic Life (via nutritional, immunological, physical and hormonal supplementation), Cellular Life (via artificial equipment for external/internal blood oxygenation, nutrition and filtration), Atomic Life (via cryopreservative of glucose/trehalose plus phosphate, potassium, sodium and/or calcium to penetrate/protect cellular membranes/ organelles, flash/dry freezing, dehydration, rehydration, porous intercellular circulation and regeneration), Genetic Life (preservation of bio cellular genetic code for regenerative cell reproduction and/or complete reproduction via nuclear transfer for oocyte to development of twin brother/son or twin sister/daughter) and Informatic Life (human hardware/software: binary audiovisual DNA genetic code for bio DNA transfer and memory, historic-social-economic-cultural identity information, for education or cerebral upload via visual or direct interface).

Embryos (Cellular Lives) have been disabled (regressed to Atomic Lives) by reproduction clinics via cryonic freezing, with cell preservation with cryo preservatives, to be reactivated later successfully for reproductive purposes or discarded. This activity is allowed in most countries, but is damaging to life (when permanently regressive/destructive) and should not be allowed by the criteria of protection of life. Alternatively it is possible to freeze cryonically oocytes/sperm (female/male gametes) and adult cells with nucleus containing DNA to transfer to a nucleus-free oocyte (reproduction via same DNA or hybrid new DNA).
An adult cell nuclear transfer into an oocyte (unfertilized female gamete produced and discarded regularly by fertile women is not an independent Cellular Life), has been mistakenly, illegally and unconstitutionally banned in many countries because supposedly it is damaging to life. There is not in fact any kind of damage to life, on the contrary, this technique is progressive and regenerative, does not regress or destroy life, on the contrary preserves Genetic Life and develops Cellular Life, that

alternatively can be progressed/incorporated to the Systemic Life of the original nucleus (direct development of tissues, fluids or organs) or development into an independent Systemic Life with the same genetic code (DNA) but independent respiratory, circulatory and neurological systems that integrate these new cells.

Obviously there can be no damaging removal of tissues, organs or fluids from an independent Systemic Life, even if they have the same genetic code, from the point of development of cell integration systems, specially the neurological system, specially the brain, which then characterizes a new Individual, a new Systemic Life and a new protected Permanent Life. The preference is to develop biologic, electronic or bioelectronic organs with the same DNA of the receptor, starting from an oocyte with a nucleus transfer from an adult cell with the same DNA. Abortion destroys Cellular Lives (embryos) and should be replaced with embryonic or fetal transfer to another gestation-mother, incubator (dry/air or wet/liquid) or when not yet technologically possible to cryonic preservation with cryo preservatives for future transfer. The legal prohibition of abortion is not efficient because it is not operationally possible for the government or society to control voluntary actions of individuals over their own body in the privacy of a residential or commercial unit (in addition to the life-threatening risk to clandestine abortion actions especially without appropriate medical expertise). Incubators with aminiotic fluid, lung-heart-kidney machines (oxygenate, nourish, supplement and filter the blood of the fetus) could reduce unwanted pregnancies from an involuntary mother to less than five months. Abortion clinics could be replaced by gestation clinics and/or transfer to incubators.

Society and governments, in the interest of preservation of life and protection of minors, should not require or enforce parental responsibility with laws and criminal or civil (payments) process, as they encourage abortions, instead of encouraging gestation for later adoption or government guard in a boarding educational institution, preferably an University. On the impossibility of voluntary gestation, as a last resort should then opt for embryo/fetal transfer (gestation-mother/incubator) when technologically possible or cryonic Atomic Life preservation for future reactivation, avoiding the abortive destruction of Cellular Life or Systemic Life. Additionally there must be development and improvement of use, multiuse, efficiency and complementary alternatives of birth control methods to eliminate the abortion practice.

Preservation (or transfer when technologically possible) of embryonic Cellular Life or fetal/child/adult Systemic Life does not generate economic deficit (expense), on the contrary generates surplus (investment) because when economically activated can generate on average higher revenues than the cost of their preservation. The destruction of Cellular or Systemic Lives generate significant economic and psychological damage to society. The transfer and regression of Cellular Life to Atomic Life (cryonic freezing), as protective measure against its possible

destruction, is valid and effective as last voluntary alternative to abortion (embryonic/fetal destruction) after parental responsibility transfer attempt (Systemic Life with full 8-9 months gestation), transfer to incubator (from 4-7 months of gestation) or embryo transfer to another mother (when technologically possible).

Organs (smaller cellular systems with specific functionality) of patients with Cellular Life, but with inactive Systemic Life, can also be preserved with temporary loans to other patients to maintain their Systemic Life active, returning to the original patient when the receiver also has inactive Systemic Life. Biological, electronic or bioelectronic organs can also replace damaged or missing organs. Millions of Systemic Lives can be maintained with efficient administration (quick and mobile) of a loan bank from extended and preserved Cellular Lives. The main objective must be to develop organs with the same DNA of the receptor to avoid rejection or the suppression of the immune system.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (glucose/trehalose), flash/dry freeze (-20 to 40 Celsius, electromagnetic/mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge), rehydration (vapor, mist, spray and liquid) and porous inter-cellular circulation in addition to partial vascular recirculation (assuming it's obstructed making it necessary to regress Cellular Life with artificial circulation equipments to Atomic Life and future progression back).

Recirculation includes bio-identical bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) to accelerate growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via enlarged/reinforced pores/membranes/veins/arteries/capillaries (pressure/osmosis/electrolysis/gravity flux/cycle), reestablishing aquatic/wet Cellular Life. After cell structure regeneration, cell pores can be reduced/closed to normal functionality (replacing/changing trehalose to glucose, seeking to close cell and skin higher porosity to normal levels).

Genetic (bio cell DNA) and Informatic (computer binary code DNA and memory) Lives can also be preserved for nuclear transfer reproduction and genetic reprogramming pluripotent cellular for tissue/organ growth or complete body reproduction/growth into a new independent Systemic Life genetically identical, with memory/education transmission (similar human hardware/software preservation, with same DNA and approximate/similar memory). Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

Neurobot is a bio/bio-cyber cyber-human/being shaped/articulated as a bio-human, containing a Neurocomp computer, computer/brain, made of neurochips and integrated to a Neuronet, external network. Preserved Human brains with highly damaged/abandoned bodies can be transferred to a Neurobot, following the Permanent Life Protocol, Informatic Life Stage.

II- PERMANENT LIFE PROTOCOL

Over 60 million lives, with cardio-respiratory/neurological electric stoppage but with 99.99% living cells, are abandoned yearly by primitive traditional doctors, without the use of the most advanced medical techniques, to then be buried or burned.

Basic Biologic Medicine (Nutrition/Vaccination/Sanitation) can cut 2/3 of 60M Life abandonments with+99% living cells by allopathic medicine of temporary life. Advanced Biologic Medicine of Permanent Life (IUI/CBM/SAV/SAS/PLM/SLR/ C-Life) can cut +1/3 to ZERO.

Doctors must immediately implement the Permanent Life Protocol to protect lives and avoid judicial responsibility for their abandonment. Justice agents must stop this abandonment and protect Permanent Life. The traditional primitive damaging mortuary protocol must be stopped.

Natural immunologic-regenerative Biologic Medicine of Permanent Life revokes, replaces, replicates, repairs, reforms cells indefinitely, hibernating cells if regeneration or immunity is temporarily, circumstantially, biologically or technologically being obstructed.

Every year over 60 million lives are abandoned with +99.99% living cells by traditional neoclassic allopathic medicine to be buried or burned just like Cavemen over 10,000 years ago.

Biologic Medicine of Permanent Life offer a paradigm, protocol, product and service to protect Permanent Life at Systemic, Cellular, Atomic, Genetic and Informatic levels.

Life can be preserved indefinitely at the Systemic Level with reversal of regeneration decline with immunity and regeneration supplementation.

Ex-vivo immune/stromal/stem cells can revoke and replace unhealthy cells to then reactivate replication, reform and repair with mRNAs, enzymes, cytokines, hormones and proteins.

Biologic Medicine of Permanent Life will/must replace allopathic medicine of temporary life, the traditional neoclassic medicine developed since the nineteen century, that believes biology is fragile and temporary, using mainly anti-symptomatic, artificial, patented, short-term lucrative, low efficiency under 20% palliatives as pharma-chemicals, macro-surgeries and electro-electronics.

Reactivation of natural regeneration requires revoking/replacing dysfunctional cells first, to avoid their replication, to then reactivate replicating/repairing/reforming of functional cells with proteins, supplemented ex-vivo by individual Cubic Cell Culture, as mRNAs, cytokines, enzymes, hormones.

Reverse gradually internal aging, restoring natural cellular regeneration, rejuvenating from 95 to 25 in 70 years; reverse immediately external skin/articulation aging; eliminate all pathogen/damaging agents/events as dysfunctional cells, cancer, virus, fungus, bacteria, toxin, parasite and trauma.

Health industry mainstream allopathic medicine is under 20% efficient in practice. Biologic Medicine is over 80% efficient, can be +95% efficient copying natural defense system, but can be even +99.99% efficient if individually perfecting/testing ex-vivo, before in-vivo re-introduction.

+99% efficiency against pathogens achieved by replicating/improving ideal conditions ex-vivo of proven in-vivo +95% efficiency process, as space/time reduction, type/quantity selection of antibodies, immune/stromal/stem cells, to revoke/replace cancer/dysfunctional cells and eliminate pathogens.

When Temporary Life Allopathic Medicine turns off an artificial respirator to do an "apnea test" to determine brain death it is actually causing that death or Life abandonment. Permanent Life Biologic Medicine sustains and regenerates Life, or hibernates Life if there are temporary technology limitations.

Permanent-Life
Biologic-Medicine
Nutrition-Sanitation-Vaccination
Life-Expectancy-Rises-From-40-to-80
+Exercising-Life-Expectancy-Average-Rises-From-80-to-100
+Immune-Regenerate-Supplement-Life-Expectancy-Rise-From-100-to-120+
Unlimited-Permanent-Life-Expectancy-Protocol-Paradigm-Products-Services

Biologic Medicine of Permanent Life views Biology and Human Immune-Regeneration System as highly efficient, above 95%, with regeneration decline being a reversible circumstance of evolution, no longer advantageous for Humans. Life expectancy has doubled on average and tripled potentially since the nineteen century from 40 to 80-120 years because of Biologic Medicine Nutrition, Sanitation, Vaccination and with the addition of Regeneration, Hibernation, when regeneration is temporarily not possible, Life expectancy is unlimited.

Systemic Permanent Life Protocol supports/regenerates Systemic Life, cells with natural integration and regeneration systems, to Regenerate by Replicating-Repairing-Reforming-Replacing-Revoking cells, in-vivo and/or ex-vivo, with

Skin/Nasal/Sub-lingual (patch/spray/pill) nano-micro-supplementation, than Blood-Lymph-Marrow fluids micro-mini supplementation (vascular/inter-cellular catheters) and as last resort macro-mega tissue/organ supplementation (mini-macro surgery/3D bio-printing/scaffolding).

Replicate (divide) cells with hormones/enzymes/mRNAs; Repair (fix) genome/chromatin/telomere with DNA sirtuins, enzymes (telomerase) and epigenome with OSK factors, Oct/Sox/Klf-4; Reform (change cell function) with local cell exosome/cytokine signaling/changing connective stromal cells to functional cells; if not effective Revoke (neutralize/destroy) with antibodies and immune cells; Replace (substitute) with vascular cells from general marrow/blood Stromal connective cells. Biologic regeneration is natural/unlimited, aging is evolutionary/circumstantial and reversible genetically, epigenetically and at cellular in/ex-vivo body levels.

Current Life abandonment (aka death) is cultural-religious and social-economic circumstance, as patient contributes to collective health fund that can turn to straight profit when Life is abandoned while “soul” heads to fantasy-virtual molecular post-Life. Only molecular material-energy existence is preserved/dispersed, although a photonic identity can be speculated/created. Life can generate unlimited wealth with unlimited systemic regeneration or Life sustained/regressed/progressed at systemic, cellular, atomic, genetic and/or informatic levels.

PERMANENT-LIFE-PROTOCOL:
PREVENT-REGENERATE-SUPPORT-OR-HIBERNATE.
+90-Regeneration-Decline-Gradual-Reacceleration-To-50-25.
Revoke-Unhealthy-Cells-With-Ex-Vivo-Immune-Cells-Antibodies.
Replace-Revoked-Cells-With-Ex-Vivo-Stem-Stromal-Cells-Intra-Venal.
Reactivate-Cell-Replication-Reform-Repair-with-Ex-vivo-mRNAs-Intra-Venal.

Individual-Cell-Bank-Medcultures
Individual-Universal-Immunotherapy
Collective-Super-Auto-Vaccine-Antigens
Individual-Super-Auto-Vaccine-Antigens-Antibodies
Collective-SAV-Lower-Cost-Less-Efficient-Antibodies

Olife
Permanent-Life
Cell-Regeneration
Cell-Bank-Medculture
Systemic-Life-Regeneration
Individual-Universal-Immunotherapy
Replicate-Repair-Reform-Replace-Revoke

Systemic-Permanent-Life-Protocol.
Regeneration-Decline-Aging-Reversable.
Circumstantial-Evolutionary-Genetic-Aging.
Nutrients-Exercises-Vaccines-Tests-Supplements.
Natural-Proven-Regeneration-Rejuvenation-Process.

SAV-SAT-SAS-SAN-SAE
Super-Auto-Vaccine-Test-Supplement-Nutrition-Exercize.
Vaccination-No-Substance-Abuse-Regeneration.
Drop-55-Million-Life-Abandonment-to-5Million.
IUI-SLR-ALR-PLM-Life-Campus.
Drop-5-Million-year-to-ZERO.

8-Billion-Lives.
Prevention-Regeneration.
Permanent-Life-Technology.
Global-Mobile-Medical-System.
Medical-Fund-Insurance-Dividend-Reward.
SAV/SAT/SAS-Super-Auto-Vaccine-Test-Supplement.
Cold-Flu-Covid-Eradication-Global-Annual-Simultaneous-Vaccination.
SAV-Spring-Patch-Pill-Spray-Exosome-Mosaic-Multi-Fragment-Protein-Vaccine.
SAT-Microfluid-Proof-Of-Vaccination-No-Substance-Abuse-Supplementation-Test.
SAS-Nutrition-Exercise-Hormone-Enzyme-Cytokine-mRNA-Regeneration-Supplementation.

SAV/SAT/SAS: Super Auto Vaccine, Super Auto Test, Super Auto Supplement, Cellular Regeneration, Repair/Divide/Destroy/Supplement, 10-20-Years-Age-Reduction, Regenerate 95-85-75-65-55-45-35.

SLR (Systemic Life Regeneration): Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

Systemic Life Regeneration-Rejuvenation Cell-Bank Supplementation.
In-Vivo/Body extraction, Ex-Vivo/Lab replication, In-Vivo/body supplementation.
Flash dry frozen trehalose cryo-preserved cells, water/electric/trehalase reactivation.

Remove/repair/replace senescent/dysfunctional cells before/during telomere increase.

IUI(Individual Universal Immunotherapy) and SAV/SAS(Super Auto Vaccine/Supplement).
Hormones/Enzymes/mRNA supplement to increase cell division(increase telomere),repair (mRNA epigenome restoration)and IUI/SAV/SAS destroying senescent/dysfunctional cells.
1)Blood(extract/replicate/supplement stromal/red/white cells).
2)Lymph(extract/replicate/supplement antibodies/immune cells).
3)Bone Marrow(extract/replicate/supplement stem cells).
4)Skin(extract/replicate/supplement collagen/epithelial cells).
5)Organs(extract/replicate/supplement specialized cells)
(macro-mini-micro intra-tube-vascular/inter-cellular catheters).
6)Hormone/Enzyme/mRNA supplement (+1.5% year from 25+cell supplements).
(compensate 1.5% year hormone decline from 25, varying with gender/height, compensate growth of dysfunctional cells with functional cells supplements and dysfunctional cell suppression with immune cell/antibodies supplements).

Rejuvenation-Regeneration from 25-95 requires maintaining natural hormone levels at around 1.5% a year (gender/height), fixing circumstantial-evolutionary genetic decline, with supplementation of white/stromal/stem cells, specially for those with genetic/environment cancer and/or immune/regeneration dysfunction.

SUPERBLOOD: increases quantity, quality performance of blood components to eliminate/cure virus, bacteria, cancer, toxin, trauma, aging, regenerating body and extending life forever. Blood and Skin cells can be cultured to create Superblood/Superskin that allow unlimited young interior blood, organ, tissue health, exterior skin appearance and Life extension.
HIBERNATION of gametes, embryos, cells, tissues, organs, bodies (small species) proven theoretically, empirically, practically artificially/naturally, demonstrating that Life exists without metabolic/electric activity that can be turned on/off to PROTECT HUMAN ATOMIC LIFE as last resort in case of technology deficiency to protect Systemic/Cellular Life. Large species as mammals, including Humans, need higher logistics to avoid mechanical crushing in random dehibernation. Use of Threhalose cryopreservative, crystal reduction flash freezing, dehydration/dry freezing, top to bottom defrosting allow any size species dehibernation, common/religion sense being the main obstacle, with fantasy/deduction that energy (electrons/photons) leave body and cannot return, when on contrary cell metabolism reactivation can be easily achieved with energy supplementation.

30k, 60k, 8 million year/old nematode/bacteria hibernating on ice in Arctic/Antarctic reactivated. +2 Billion humans burned/buried since 70s could have hibernated/dehibernated there. But today hibernation, preserving molecular/atomic

life is still a last resort but mandatory protocol stage in case Systemic/Cellular Life fails/unavailable. It is possible to preserve permanently Systemic Life, or Life as we know it, cells integrated by natural systems, regenerating/replacing cells/tissues/organs.

20 million lives lost for cardiovascular diseases yearly are actually +50 million lives abandoned by cardiovascular electric failure followed by brain. Vascular circulation must be sustained to preserve cells or they must be hibernated. Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

Medical/Judicial systems and personnel are obligated by professional/judicial contract to protect life with the full extent of ADVANCED MEDICINE, that is distinct from alternative/experimental medicine by offering solutions that do not have any alternative in the mainstream medical systems. These solutions solve current problems that lead primitive doctors to declare "death", leading a Human Life, with around 100 trillion living cells, to be abandoned, deactivated, disintegrated into unidentifiable around 8 octillion atoms that will be dispersed into the environment (molecules, atoms and/or sub-atomic energy-matter quantum particles), losing DNA identity and incorporated into other cellular life forms. The Permanent Life Protocol systematizes medical techniques that have no alternative in traditional mainstream medical systems, that are not applying such techniques systematically, motivated by short term profits and/or professional/religious conservatism. This protocol can be better applied with a low cost mass flexible production product with all components to protect Life, as is the Permanent Life Module technology offered by the Global Mobile Medical System (www.mesistem.com).

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (DEACTIVATED ATOMICALLY STRUCTURED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

PREVENTION-REGENERATION:

1-Prevention of use of inside/outside content mass media for lethal substance abuse propaganda, defined as systemic for income or empowerment and not for freedom

of expression, with restitution for damage, fine for premeditation, asset seizure, activity stoppage and home arrest for danger, without previous censorship or reduction of freedom of expression.

2-Prevention of pollution, accidents and substance abuse, with elimination of causes, macro/micro fluid exams and biometrics mandated by organizations to its subordinates for productivity, long term profitability and humanitarian reasons, with restitution for damage, fine for premeditation, asset seizure, activity stoppage and home arrest for danger, without previous reduction of freedom of initiative and organization.

Systemic-Permanent-Life-Protocol.
Regeneration-Decline-Aging-Reversable.
Circumstantial-Evolutionary-Genetic-Aging.
Nutrients-Exercises-Vaccines-Tests-Supplements.
Natural-Proven-Regeneration-Rejuvenation-Process.

SAV-SAT-SAS-SAN-SAE
Super-Auto-Vaccine-Test-Supplement-Nutrition-Exercize.
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Drop-55-Million-Life-Abandonment-to-5Million.
IUI-SLR-ALR-PLM-Life-Campus.
Drop-5-Million-year-to-ZERO.

Global-Vaccination-Testing-Regeneration-System.
8-billion-Global-Medical-Dividend-Citizen-Accounts.
SAV-SAT-SAS-Super-Auto-Vaccine-Test-Supplement.

8-Billion-Lives.
Prevention-Regeneration.
Permanent-Life-Technology.
Global-Mobile-Medical-System.
Medical-Fund-Insurance-Dividend-Reward.
SAV/SAT/SAS-Super-Auto-Vaccine-Test-Supplement.
Cold-Flu-Covid-Eradication-Global-Annual-Simultaneous-Vaccination.
SAV-Spring-Patch-Pill-Spray-Exosome-Mosaic-Multi-Fragment-Protein-Vaccine.
SAT-Microfluid-Proof-Of-Vaccination-No-Substance-Abuse-Supplementation-Test.
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SUPERBLOOD: increases quantity, quality performance of blood components to eliminate/cure virus, bacteria, cancer, toxin, trauma, aging, regenerating body and extending life forever. Blood and Skin cells can be cultured to create Superblood/Superskin that allow unlimited young interior blood, organ, tissue health, exterior skin appearance and Life extension.

PRESERVATION, Regression, Regeneration and Progression:

1-PROTECTING SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS):

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senescent/dysfunctional cells.
1)Blood(extract/replicate/supplement stromal/red/white cells).
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3)Bone Marrow(extract/replicate/supplement stem cells).
4)Skin(extract/replicate/supplement collagen/epithelial cells).
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(compensate 1.5% year hormone decline from 25, varying with gender/height, compensate growth of dysfunctional cells with functional cells supplements and dysfunctional cell suppression with immune cell/antibodies supplements).
Rejuvenation-Regeneration from 25-95 requires maintaining natural hormone levels at around 1.5% a year (gender/height), fixing circumstantial-evolutionary genetic decline, with supplementation of white/stromal/stem cells, specially for those with genetic/environment cancer and/or immune/regeneration dysfunction.

Acar/Ocar/Olife cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analog doctor-bot with dual-structure/organs supporting life of cell-donor.

Organs/tissues regenerated by cell mitosis division, lower regeneration capacity with genetic hormonal decline, including telomerase decline leading to reduction of telomere DNA cap increasing cell dysfunction senescent/cancer cells, also decline in immune cells. They can receive general growth stimulation from hormones, enzymes, proteins as telomerase to increase DNA cap telomeres and avoid development of dysfunctional cells as senescent/cancer cells. But non-telomere dysfunction cancer as genetic/environmental/substance abuse cancer occurs, this supplementation can accelerate cancer cell growth as well, requiring immune supplementation to block it and healthy cell supplementation or regeneration to compete for nutrition and space with cancer cells.

Organs/tissues that are less/slow regenerative as Heart/Brain cells, because of their particular function, can also be induced to self-regeneration process to repair themselves using mRNA/microRNA (transcription factors/stem cell messenger exosomes to return the cells to a stem-cell-like state), contained in lipid membranes as they occur in nature inside micro lipid cell membranes. High risk/high cost organ transplant can generate rejection because of DNA difference detected by immune system or immune vulnerability if using anti-immunity agents. Introducing external tissue/cells/stem cells that may generate uneven masses/tumors/teratomas, tissue/organ growth dysfunction as left ventricular valve can happen with excessive, uncoordinated late general hormone decline supplementation.

Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

Superblood by increasing quantity, quality performance of blood components can eliminate/cure virus, bacteria, cancer, toxin, trauma, aging, regenerating body and extending life forever. Blood and Skin cells can be cultured to create Superblood/Superskin that allow unlimited young interior blood, organ, tissue health, exterior skin appearance and Life extension.
Governments, enterprises and health systems must immediately test, on a general and regular basis, for substance abuse and offer incentives/sanctions/alternatives for their end. Most hospitals and health systems are overwhelmed with patients that voluntarily abuse of overdoses of unhealthy neurological substances (caffeine/coffee, nicotine/tobacco, alcohol, salt/sugar/fat abuse, pain/sleeping/psychological drugs etc) for psychological supposed entertainment/pleasure or relief of symptoms, instead of causes. Economic incentives/sanctions; advertisement damage restitution; psychological/sociological treatment; use of alternatives without side effects; working on causes; removal of repression; exercise of free will; all can dramatically reduce/alleviate health systems, increasing to almost double the life expectancy of substance abusers and decrease the cost of health systems.

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Average life expectancy has been consistently advancing and when it reaches around the average point, Systemic Life protection must be applied to extend life further and potentially forever. Bone, muscle, tissue, organ and brain deterioration from supposed "aging", leading to mobility and/or intellectual capacity reduction (specially because of use of neurological drugs and lack of activity), to cardiorespiratory stoppage, to neurological stoppage and supposed "death" can be delayed and reversed. Currently 85 to 95 years is the usual age treatment interval in terms of cost-benefit, where there is nothing to lose and everything to gain if there is significant reduction of mobility and/or intellectual capacity.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced more until 6 years and less after) and cardiac muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can grow in size, can survive indefinitely (if not destroyed by neurological drugs, cancer, virus, bacteria and have adequate protection), can be

replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and artificial cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by the collateral effect of neurological drugs or pollution).

Systemic Life should be preserved with physical/mental activity and nutritional/hormonal/immunological supplements: bio-specific (anti-cancer/viruses/bacteria vaccines) and bio-identical white cells/hormones (same DNA); sensitive/selective cellular nano-marking (photo-thermal/electromagnetic/biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

An Universal Immunological Supplement Defense System (anti virus, bacteria and cancer) can combine cell markers (to accelerate placement of immune signaling cell membrane elements, as phosphoethanolamine for example, to accelerate mitochondria caspase placement on the cell membrane, a protease that signals cancer cells for elimination); cell signaling pathway protectors (immune cell identification process of cell markers need to have signaling pathway protected from been disabled in dysfunctional cells avoiding their identification); indirect vaccines (signaling cell membrane elements of unhealthy cells introduced to alert and accelerate response of the immune system) and direct vaccines (production of bio identical immune cells outside the body and exposure to signaling cell membrane elements of unhealthy cells, to then be reintroduced to reinforce immune system). Clinical trials have tested these components separately when they should be testing the system efficiency together. A cell marker as phosphoethanolamine may not be very effective if the immune system of the patient is inefficient. Photo / magnetic / electric cell markers can be used additionally to mark healthy and unhealthy cells for constructive placement or destruction.

2-PROTECTING CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS)

Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

If Systemic Life cannot be sustained, in case of cardiorespiratory and neurological electric stoppage, there will be a regression to Cellular Life that must be protected

with artificial systems until progression back to Systemic Life is possible. Cardiorespiratory stoppage from a controllable local hemorrhage/infection/cancer or a vital system/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with artificial cardiorespiratory systems.

Cellular Life must be preserved with external (pulsation suit, chest automatic inflatable belt, chest vertical pump heart pulsation, legs/arms counter-pulsation inflatable belts, automatic electric shock defibrillator, mouth vacuum valve oxygenation and gravitational swing circulation) and/or internal (direct blood nutrition/filtration/immunization/oxygenation heart-lung/kidney machine) mechanical blood circulation/oxygenation (hand heart massage generates only 15% of normal blood circulation and can't be sustained for a long time) and/or reduction of temperature to reduce cell oxygen consumption (50% reduction with each 10 Celsius reduction until +4 Celsius), cardio-muscular and brain-neurological supplementation (body electrodes for maintenance of muscle contraction and electrical neurological flow). If unified general circulation is not possible (because of organ dysfunction and/or localized hemorrhage/infection/cancer), independent partial/segmented circulation can be used to provide oxygenation, nutrition, filtration, immunization, hormonization and regeneration to the cells.

Sonic, electric, photonic and/or gravitonic waves can in theory eliminate unhealthy / senile / cancer cells, bacteria and virus by breaking their natural membranes or coated by biochemic an/or nanorobotic markers, while preserving stronger healthy cell membranes (empirical tests must determine the wave density/size/frequency). This may be the last attempt to preserve Cellular Life before regressing to Atomic Life, where the procedure may be repeated, against unhealthy membranes that resist instantaneous freezing generating microcrystals of water, dehydration, thawing and rehydration (markers can unprotect unhealthy membranes while healthy membranes are protected by cryopreservatives such as trehalose).

3-PROTECTING ATOMIC LIFE (DEACTIVATED ATOMICALLY STRUCTURED CELLS):

General hemorrhage/infection/cancer and/or vital organ dysfunction can obstruct unified or segmented vascular circulation, leading to a generalized collapse of the cells. The cells can be deactivated temporarily for their protection, until porous circulation can be added to the obstructed vascular circulation allowing all cells to be reached, sustained and regenerated. Cardiorespiratory stoppage from uncontrollable general hemorrhage/infection/cancer or vital systems/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with cryoprotected flash/dry freeze, dehydration, followed by porous rehydration/circulation, cellular regeneration and

progression back to Cellular/Systemic Life.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (sugary/saline/ionic solution as phosphate-trehalose to penetrate and protect cellular membranes including internal organelles and nucleus), flash/dry freeze (-20 to -40 Celsius, electromagnetic waves/mechanical vibration sustain heat then when turned off generate feeze with less damaging micro water crystals that are neutralized by cryoprotector threhalose, then vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). Reintroduction of blood (or circulatory solution), bio-identical/bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) accelerates growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via pores/vases (top to bottom pressure/osmosis/electrolysis/gravity cyclic flux), reestablishing aquatic Cellular Life.

Flash/dry freeze results in a porous dry "sponge" body that can be rehydrated/regenerated via additional porous interstitial (inter-cellular) high (liquid) to low (vacuum) pressure circulation bi chamber with body as filter in between. It is possible to only dehydrate the interstitial fluid and not necessarily the cells, allowing rehydration vertical porous circulation in between the cells to replace or complement vascular circulation. Trehalose cryo Porous Inter-cellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. Cells would be added/regenerated by mitosis or by introduction of external stem cells with nanomarkers to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. After cell structure regeneration (using also external stem/artificial cell introduction if necessary), there will be a transition to external dry Cellular Life with natural/artificial addition of external epidermic keratin to impermeabilize skin, maintaining the vascular mechanical circulation for nutrition/oxygenation of blood. Trehalase enzyme (present in intestines) can be introduced in circulation to convert cell cryopreservative trehalose to glucose to be utilized by cells. Finally there will be a transition back to the original Systemic Life with the reactivation of the natural circulatory, respiratory and neurological systems via chemical/electric stimulus. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

Frozen/unfrozen, over a thousand years, bacteria use enzymes to repair DNA. Damaged frozen/unfrozen human cells also can have their DNA, membrane and organelles repaired by enzymes/hormones and/or nanobots and/or can be replaced by artificial super cells and/or stem cells. Over 40,000 year multicellular nematodes have successfully been brought back to life. Frozen mammals or humans could be successfully defrosted and repaired even without cryopreservative/flash freeze

protocol. Over 2 billion humans should have been frozen since 70s, but have instead been atomic/molecule dispersed into environment, so this primitive mortuary habit must be stopped immediately.

4-PROTECTING GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

Genetic (bio cell DNA and text-audio-video indirect interface memory) and Informatic (computer binary code DNA and neural direct interface memory) Lives can also be preserved for nuclear transfer reproduction and pluripotent cellular genetic reprogramming for tissue/organ growth or complete body reproduction/growth into a new independent Systemic Life genetically identical, with memory/education transmission (similar human hardware/software preservation, with same DNA and approximate/similar memory).

DNA bio-preserved in frozen/dehydrated cells, allowing identical atoms to be reassembled into identical cell structures of a new identical partial (organs/tissues) or total body ("hardware"), via genetic reprogramming of stem cells, or gamete (oocyte) reproduction by nuclear transfer (twin son/daughter of adults or twin brother/sister of minors). Also a similar brain memory ("software"), transferred directly via neuron interface when possible, or indirectly via text/audio/video interface of knowledge, culture and history. Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

Different types of unipotent (fluid, tissue and organ adult cells) or pluripotent cells (embryonic adult and stem cells, such as in umbilical cord blood) must be preserved for potential reprogramming and/or nuclear transfer. Preservation of DNA genetic code for regeneration/reproduction of organ/tissue/fluid cells and/or complete reproduction via nuclear transfer to oocyte for development of twin brother-son or sister-daughter. Over one billion fertile women can produce over twelve billion oocytes a year for dual gamete reproduction, cell nuclear transfer reproduction and/or organ/tissue/fluid/cell regeneration with genetic reprogramming (remove genetic diseases, increase longevity and performance).

Neurobot is a bio/bio-cyber cyber-human/being shaped/articulated as a bio-human, containing a Neurocomp computer, computer/brain, made of neurochips and integrated to a Neuronet, external network. Preserved Human brains with highly damaged/abandoned bodies can be transferred to a Neurobot, following the Permanent Life Protocol, Informatic Life Stage.

NEUROBOT, Biotronic BioBot, built with bio-compatible (DNAs) cells, Supercells (genetic/infusion enhanced bio-cyber), carbon-metal based structures/chips as self-control-bot, avatar-bot and/or swap-part-bot, complementing/supplementing bio-self-human. Neurobot 6 heart-lung-filter-nurture-immune machine supplements oxygen, glucose, nutrients, hormones/enzymes, white/red cells, for 1 head, 1 trunk, 2 arms and 2 legs. A bio-human head/brain with deficient body can be reconnected/swapped to/with Neurobot, while bio-body is regenerated/rebuilt bio or bio-cyber. The key reconnection are the main artery/vein, spinal cord with mainly arms/legs transmission signals previously decoded and programmed. Arms/legs can also be swapped.

NEUROBOT EXOSKELETON mode, removing front half of bio-cyber body, takes whole bio-human in front and can supplement their deficiencies temporarily while the original bio-body is fixed/regenerated. Neurobot is an upgrade, modularization and integration of mini Exo-Suit and Mini-Lab, which are an upgrade, miniaturization, modularization and integration of mini Exo-Suit and Mini-Lab, which is the same in relation to a Permanent Life Module. SuperSkin, SuperCell take it further to the micro and nano level. Maintaining patient conscious with Neurobot may be crucial in the Permanent Life Protocol, because hibernation, refrigeration, freezing, cryofreezing, coma of bio-body may lead to cultural primitive conception of “death or probable death” (electric heart/brain dysfunction) and abandonment of the bio-body with +99,99% of living cells, specially Brain/Hearth cells, that at 100 can have same efficiency as at 10 years of age and that can survive and be supplemented/replaced indefinitely.

MEDICAL AND JUDICIAL RESPONSIBILITY

Medical Systems, Organizations and Medics are responsible for the preservation of Systemic, Cellular, Atomic, Genetic and Informatic Permanent Lives of their patients, with the use of advanced medical techniques and systems (high technology). Even common refrigeration and freezing (with cell membrane damage from crystallization, potentially regeneratable) are preferred to the routine abandonment of Lives with around 100 trillion living cells at ambient temperature for their gradual atomic/molecular dispersion. Not applying Permanent Life advanced medical techniques can result in civil/criminal (murder) action in national or international judicial systems as Jusistem - Global Mobile Judicial System. Jusistem agents prove damage, premeditation, danger to obtain restitution, fine and self-financed productive-educational home arrest in national or international territory (www.jusistem.com).

The current primitive medical systems have an economic interest in the fact that there wouldn't be enough resources in current governmental/private primitive systems to sustain life of more than 50 million supposed "dead" annually and in the

fact that mass life extension to over 100 years would make them supposedly unprofitable, unsustainable, bankrupt or in need of supplement funding from younger payers (that would supposedly occur with high cost traditional medical technology but not with low cost Permanent Life technology).

Cost reductions will save more than enough money to cover the new low cost mobile preventive permanent health system: mandatory substance abuse prevention (caffeine, tobacco, alcohol, sugar, fat, salt, marijuana, cocaine, heroin, pain killers, sleeping pills, psychological drugs etc.); economic abuse prevention (drug/device patent monopolies, drug cartels/trusts, enterprise/personnel unions/associations etc); health performance enhancement and mass production economies of scale. A patent does not give the right to price gouging monopoly abuse and anti-trust laws can be used to force prices to have a 20% to 40% liquid profit margin maximum. This includes auditing Research, Development, suppliers, subsidiaries, buyers for over/under pricing to reduce actual profitability, while increasing funds in certain national economies with high money laundering and low protection for economic damage abuse.

Also patients' relatives, who are their property heirs, have an economic interest in not wanting to use the patient's property to extend a supposedly low quality or suffering life style, sometimes even at the request of a suicidal patient. Life protection enforcement must be used to mandate that primitive medical systems and patient's heirs commit the funds to protect the patient's life to the full extent made possible by advanced medicine, including when Systemic Life regresses to Cellular Life, Atomic Life, Genetic Life or Informatic Life, with the goal of progressing it back to Systemic Life.

THERE ARE ALSO RESOURCES IN THE GLOBAL ECONOMY TO SUSTAIN PERMANENT LIFE, specially the currently used for neurological drugs (caffeine, tobacco, alcohol, pharmacy/prescription neurological drugs and "illicit" drugs such as marijuana, crack, cocaine, heroin etc); superfluous luxury consumerism, abusive monopoly prices (especially in the health care industry), superfluous military spending (abusive over price and excessive demand beyond the tactical-strategic military need) and especially corruption money (diverted from governments and companies) in trillionaire deposits, real estate and investments in money laundering paradises or returned laundered money to traditional national economies. Jusistem, a global mobile judicial system, has the potential capacity to finance and implement global protection for permanent life (www.jusistem.com). Mesistem, a global mobile medical system, has the potential capacity to finance and implement global protection for permanent life (www.mesistem.com).

III - PERMANENT LIFE PRODUCT

1)PERMANENT LIFE MODULE

Permanent Life Module (PLM) is a low cost, high performance, multi application product, with high economies of scale and scope. Preserves, regresses, regenerates and progresses Systemic, Cellular, Atomic, Genetic and Informatic Life. Price target of US$9995 + US$95 month for a target market of over 7 billion Humans.

Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

Acar/Ocar/Olife cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analog doctor-bot with dual-structure/organs supporting life of cell-donor.

Mesbank Cell Banks, Super-Auto-Vaccines, Super-Auto-Supplements, Permanent-Life-Modules, Individual-Universal-Immunotherapy can use Flash-Dry-Frozen-Trehalose-Cryo-Preserving and Enzyme-Trehalase-Electric-Stimulus-Defrosting.

A biochemic-infotronic product (bioengineering, biogenetic, bioinformatic, bioelectronic, cryobiology, microbiology, microfluids, biomedicine and nanomedicine) systematizing multi techniques/services/products into one device that can be mass produced (economies of scale), have multi functions (economies of scope), with control/storage/network integrated capacity to receive/deliver information, energy and fluids.

It's crucial to have the technology to regress/progress stages of life within the same device because of cultural, philosophical, scientific differences/inefficiencies/discoordinations leading to the abandonment of Systemic, Cellular, Atomic, Genetic, Informatic Life and eventual non-identifiable partial atomic/molecular dispersion. This is typical of current mortuary, medical, legal and religious procedures, usually leaving only skeleton or ashes, with loss of Identifiable Permanent Life (if also Genetic and Informatic Life are not preserved).

The Permanent Life Module mobile body posture (also applicable to bed sleeping posture) is an upper body 30 degree angle and lower body 10 degree angle, laying on back, because of the gravity effect on the circulatory, respiratory and immune system: better brain to feet circulation (oxygen/nutrition supply to cells) and flow

down/out of defensive mucus/fluids/pathogens avoiding stagnation and spread of infection. Also allows for gravity swing circulation enhancement.

All hospitals, clinics, ambulances, organizations and events with large concentration of individuals should have a PLM. Eventually all individuals should have their individual PLM in their place of work and/or at their residence. Initially Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Individual Universal Immunotherapy (IUI) can eliminate viruses, bacteria and cancer at the lowest cost and highest performance in the healthcare industry: blood extraction with pathogen, infected cell and white cells; additional extractions, with centrifuge separating white cells (added to the first extraction), red cells (oxygenated) and plasma (add nutrition/supplements).

1.1-SYSTEMIC LIFE SUB-MODULE (SYSTEMIC PROTECTION-REGENERATION):

Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

Laboratory (microfluid analysis as blood, saliva and urine);
Immunity (Individual Universal Immunotherapy, vaccines, cell nano markers);
Nutrition (blood oxygen, glucose and hormones);
Filtration (blood filtration);
Screen (direct interaction with information database and doctors);
Imaging (ultrasound/magnetic resonance image: bones, muscles and tissues),
Probe (blood-vessel or inter-cellular nano catheter/robot diagnostic and treatment).

Average life expectancy has been consistently advancing and when it reaches around the average point, Systemic Life protection must be applied to extend life further and potentially forever. Bone, muscle, tissue, organ and brain deterioration from supposed "aging", leading to mobility and/or intellectual capacity reduction (specially because of use of neurological drugs and lack of activity), to cardiorespiratory stoppage, to neurological stoppage and supposed "death" can be delayed and reversed. Currently 85 to 95 years is the usual age treatment interval in terms of cost-benefit, where there is nothing to lose and everything to gain if there is significant reduction of mobility and/or intellectual capacity.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced until 6 years and potentially after) and cardiac muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can grow in size, can survive indefinitely (if not destroyed by neurological drugs, cancer, virus, bacteria and have adequate protection), can be replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and artificial cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by the collateral effect of neurological drugs or pollution).

Systemic Life should be preserved with physical/mental activity and nutritional / hormonal / immunological supplements: bio-specific (anti-cancer/viruses/bacteria vaccines) and bio-identical white cells/hormones (same DNA); sensitive/selective cellular nanomarking (photo-thermal / electromagnetic / biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

The Systemic Life sub-module should offer support for the permanent preservation and regeneration of cells; reinforcement of immune system to combat damaging virus, bacteria and cancer (antibiotics and vaccination: externally/internally induced combat-specific bio-identical white cells and unhealthy cell nanomarkers to accelerate signal to white cells); micro-fluid testing (blood, saliva, urine etc.); micro magnetic resonance and ultra sound examination (bone, muscle, tendon and tissue); tissue/organ/cell regeneration, construction and transplantation; nano, micro and macro surgery; nutritional/hormonal/immunological supplements; orthopedic/neurologic/circulatory (pressure/counter-pressure) exoskeleton; photo / magnetic / electric / chemical / bio (positive virus/bacteria gene changer) sensitive cell nanomarkers/ nanorobots/ nanosponges (soak up hydrogel w/red cell membrane) to eliminate unhealthy cells or position new healthy modified cells derived from stem cells.

Pluripotent cells can be any kind of cell via cell DNA reprogramming of pluripotency genes Oct4/Pou5f1, Sox2, cMyc and Klf4 (IPSC: Induced Pluripotent Stem Cells); cell reproduction via DNA nuclear transfer to new oocytes (SCNT: Somatic Cell Nuclear Transfer); genetic engineering with nano-robots and/or bio-robots (CRISPR/TALEN/ZFN/MAGE etc.); permanent regeneration with unlimited controllable mitosis stopping shortening telomeres at end of chromosomes that limit mitosis to around 50, via gene/enzyme (HTert/Telomerase Reverse Transcriptase) and/or via growth hormones.

An immune supplemental system should simultaneously combine cell markers (enhance cancer, viral and bacterial cell signaling to the immune system), immunological checkpoint protectors (deactivated/inhibited by harmful agents), indirect vaccines (immune system specific activating alarm against harmful cells) and direct vaccines (introduction of pre-activated immune cells against specific harmful cells).

There can be also a combination of bio-chemical, electro-magnetic and/or photonic nanomarkers with bio-identical anti-cancer / viral / bacterial vaccines and/or destroyers/builders of marked cells. The photo/ electro-magnetic sensitive nanomarker of unhealthy cells can destroy them by subsequent thermal photo / electro-magnetic stimulus (laser, microwave and/or electro-magnetic current/wave). Healthy cells derived from stem cells can also be marked, for example with nano magnetic biodegradable substance, and conducted to a specific site, through the bloodstream, to the region marked by the magnetic field.

The current traditional chemo radioactive anticancer system is expensive, has efficiency limited to early tumors and significant side effects, including lethal, while also attacking healthy cells. Brachytherapy, short distance micro radiation, introducing radioactive micro seeds with a catheter, directly on/near the tumor, are more efficient with reduced collateral effect. The current governmental bureaucratic system of approval of patented treatments is inefficient/damaging and seeks the primary interest of enterprises and secondarily of the patients that should be treated with multiple simultaneous systems, theoretically more efficient, to be verified empirically.

In new systems, phosphoethanolamine for example could be used as a bio-chemical marker because it participates in the formation of cell membranes that include proteins. This substance or any other that accelerates the placement of signaling proteins/proteases (such as interleukin/caspase) or dysfunctional (cancerous) in the cell membrane, would lead to an acceleration in the marking or identification of this cell as cancerous by the immune system.

If additionally white cells of the patient with cancer are removed and exposed to cancer markers, they will immediately be conditioned/prepared to attack these unhealthy cells when reintroduced into the bloodstream. If a biodegradable magnetic nanomarker is added to the white cells and a magnetic field of attraction is placed, these cells will be attracted to the cancer region quicker, whose marking has been also accelerated by the phosphoethanolamine (in addition to a protector against inhibitors/deactivators of immune cell checkpoints), destroying cancer cells immediately and efficiently. Bio-identical healthy cells derived from stem cells can also be conducted to the affected area to repair the tissue / organ.

Electric and photonic currents/waves are currently used in Life preserving systems. Gravitonic currents/waves (sub-photonic graviton energy-matter quantum) would expand the possibilities even further with human complete automated cellular diagnostics and treatment, identifying all healthy and unhealthy cells to be repaired or eliminated by cell markers, multi energy quantum waves and/or nanorobots.

1.2-CELLULAR LIFE SUB-MODULE (VASCULAR EXO-CIRCULATION):

Individual Universal Immunotherapy Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented.

AEROHEART, AUTOMATED EXTERNAL VASCULAR CIRCULATION, ELECTRIC EXOSKELETON NEURO-MUSCULAR STIMULATOR AND COMPRESSION PULSATION BELT PNEUMATIC BODY SUIT, RESPIRATION VACUUM-AIR PUMP, GRAVITY SWING PLATFORM, BLOOD OXYGENATION- NUTRITION- FILTRATION, ELETRODE-ELETROCHEMICAL STIMULATOR, REFRIGERATION FOR THE REDUCTION OF CELLULAR OXYGEN CONSUMPTION, EXTERNAL/INTERNAL AIR-VACUUM PRESSURE-SUCK BLOOD HEART CIRCULATOR.

If Systemic Life cannot be sustained, in case of cardiorespiratory and neurological stoppage, there will be a regression to Cellular Life that must be protected with artificial systems until progression back to Systemic Life is possible. Cardiorespiratory stoppage from a controllable local hemorrhage/infection/cancer or a vital system/organ damage / dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with artificial cardiorespiratory systems.

Cellular Life must be preserved with external (pulsation suit, chest automatic inflatable belt, chest vertical pump heart pulsation, legs/arms counter-pulsation inflatable belts, automatic electric shock defibrillator, mouth vacuum valve oxygenation and gravitational swing circulation) and/or internal (direct blood nutrition/filtration/immunization/oxygenation heart-lung/kidney machine) mechanical blood circulation/oxygenation (hand heart massage generates only 15% of normal blood circulation and can't be sustained for a long time) and/or reduction of temperature to reduce cell oxygen consumption (50% reduction with each 10 Celsius reduction until +4 Celsius), cardio-muscular and brain-neurological supplementation (body electrodes for maintenance of muscle contraction and electrical neurological flow). If unified general circulation is not possible (because of organ dysfunction and/or localized hemorrhage/infection/cancer), independent partial/segmented circulation can be used to provide oxygenation, nutrition,

filtration, immunization, hormonization and regeneration to the cells.

Generally after 3 to 5 minutes of failed attempts to restart circulatory and respiratory systems, with traditional manual operated cardio-respiratory monitoring and electric/physical stimulus, the patient is declared medically dead by primitive medicine and waits legal death which is when neurological system stops because of the lack of oxygen in cells. Some doctors or primitive medical systems may try temporarily to extend the window to restart the cardio-respiratory system by using automatic external heart stimulator and/or bags of ice, to reduce temperature and cell oxygen consumption. The full possibilities of advanced medicine are not been used to the full extent to preserve Life, mainly for economic reasons and systemic integration inefficiencies.

Gravitational swing carbon fiber full body platform (up-down center leverage), supports a full body exoskeleton that can also be used for full/partial skeleton immobilization for bone fracture recovery and/or electric muscle replacement mobility. Defibrillator and full body electric system (external electrodes / internal electrochemicals) can stimulate muscles, heart, brain, organs and tissues for recovery acceleration and restart of activity. Inflatable pulsation belts placed in exoskeleton give sequential pressure counter circulation to increase arterial/venal circulation flux/reflux from thorax belt pressure on heart.

Belt suit form a full body refrigerated pressure circulation system supported by exoskeleton, connected/synchronized with gravitational swing platform and respiration air pump with thorax vacuum pressure over heart. All devices acting together, and with reduction in cellular oxygen consumption via refrigeration, can increase substantially the efficiency of primitive manual CPR heart massage and air intake blow (from only 15% efficiency compared to normal circulation), sustaining Cellular Life until progression back to Systemic Life.

The Permanent Life Module can be used to extend indefinitely Cellular Life via external/internal cell oxygenation and/or gradual reduction of temperature of patient, reducing cell oxygen consumption by 50% for each 10 Celsius reduction, while maintaining an automated computer guided cardio-respiratory monitoring and physical/electric stimulus. Its Heart-Lung Machine component can replace interior heart/lung indefinitely, or before a potential bio/artificial transplant, or for direct blood temperature reduction for fast body hypothermia as a last resort to reduce cell oxygen consumption before freezing/deactivating cells with transition from Cellular Life to Atomic Life.

Sonic, electric, photonic and/or gravitonic waves can in theory eliminate unhealthy / senile / cancer cells, bacteria and virus by breaking their natural membranes or coated by biochemic an/or nanorobotic markers, while preserving stronger healthy cell membranes (empirical tests must determine the wave

density/size/frequency). This may be the last attempt to preserve Cellular Life before regressing to Atomic Life, where the procedure may be repeated, against unhealthy membranes that resist instantaneous freezing generating microcrystals of water, dehydration, thawing and rehydration (markers can unprotect unhealthy membranes while healthy membranes are protected by cryopreservatives such as trehalose).

1.3-ATOMIC LIFE SUB-MODULE (POROUS EXO-CIRCULATION):

AQUAHEART, CRYOPRESERVATIVE AND BLOOD RESERVOIR, FLASH AND DRY FREEZER, VIBRATION PLATFORM, ELETROMAGNETIC MICROWAVES, VACUUM DEHYDRATOR, REHYDRATOR, EXTERIOR POROUS PRESSURE-GRAVITY INTERCELLULAR CIRCULATOR.

General hemorrhage/infection/cancer and/or vital organ dysfunction can obstruct unified or segmented vascular circulation, leading to a generalized collapse of the cells. The cells can be deactivated temporarily for their protection, until porous circulation can be added to the obstructed vascular circulation allowing all cells to be reached, sustained and regenerated. Cardiorespiratory stoppage from uncontrollable general hemorrhage/infection/cancer or vital systems/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with cryoprotected flash/dry freeze followed by porous rehydration/circulation, cellular regeneration and progression back to Cellular/Systemic Life.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (sugary/saline/ionic solution as phosphate-trehalose to penetrate and protect cellular membranes including internal organelles and nucleus), flash/dry freeze (-20 to -40 Celsius, electromagnetic waves, mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). Reintroduction of blood (or circulatory solution) including bio-identical/bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) accelerates growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via pores/vases (top to bottom pressure/osmosis/electrolysis/gravity cyclic flux), reestablishing aquatic Cellular Life.

Flash/dry freeze results in a porous dry "sponge" body that can be rehydrated/regenerated via additional porous interstitial/ intercellular high (liquid) to low (vacuum) pressure circulation. Porous Intercellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. Cells would be added/regenerated by mitosis or by introduction of

external stem cells with nano markers/robots to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. After cell structure regeneration (using also external stem cell introduction if necessary), there will be a transition to external dry Cellular Life with natural/artificial addition of external epidermic keratin to impermeabilize skin, maintaining the vascular mechanical circulation for nutrition/oxygenation of blood. Finally there will be a transition back to the original Systemic Life with the reactivation of the natural circulatory, respiratory and neurologic systems via chemical/electric stimulus.

When Tardigrades (the most resistant animal on Earth) dry out, the glucose in their bodies changes to trehalose, entering cryptobiosis, a state where they appear "dead." But when receiving water, they reactivate the cells and return to their metabolic state. Tardigrades can endure alterations of minus 200 degrees Celsius to plus 150 degrees Celsius, over 30 years without water/food, endure space vacuum, solar heat/radiation, by dehydrating cells, regressing to Atomic Life, back to Cellular Life and Systemic Life, including preserving reproduction capacity. The sea sponges have an intercellular porous circulation of sea water, demonstrating empirically, together with the Tardigrades, the possibilities of cellular, dehydration, rehydration and regeneration.

Atomic Life must be preserved with deactivation/dehydration of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (phosphate/sugar-trehalose/saline solution), flash/dry freeze (-40 Celsius, electromagnetic/mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). If this high tech assisted flash/dry/cryopreserved freezing is not available, Cellular/Atomic Life should be preserved in refrigerator (dry hypothermia +4C), freezer (in saline water to -20 Celsius or in sugar water to -40 C), near Earth's poles or at high mountains, with sugared and/or saline water if possible (frozen water crystal cell membrane rupture is potentially fixable with a specific wet defrosting protocol). Water freeze may lead to cell damaging, but it is better than non preservation, because in theory cell damages can be repaired as well, while a collapsed cell structure at high ambient temperature, followed by atomic dispersion, cannot be repaired with the same atoms that will become unidentifiable in the environment. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

1.4-GENETIC AND INFORMATIC LIFE SUB-MODULE (BIO-BINARY DNA-MEMORY):

MICRO FLASH/DRY FREEZER (bio-DNA preservation),
MICRO HARDRIVE-SOFTWARE (binary DNA and memory).

DNA bio-preserved in frozen/dehydrated cells, allowing identical atoms to be reassembled into identical cell structures of a new identical partial (organs/tissues) or total body ("hardware"), via genetic reprogramming of stem cells, or gamete (oocyte) reproduction by nuclear transfer (twin son/daughter of adults or twin brother/sister of minors). Also a similar brain memory ("software"), transferred directly (neuron interface when possible) or indirectly via binary memory (text / audio / video interface of knowledge, culture and history). Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

Different types of unipotent (fluid, tissue and organ adult cells) or pluripotent cells (embryonic adult and stem cells, such as in umbilical cord blood) must be preserved for potential reprogramming and/or nuclear transfer. Preservation of DNA genetic code for regeneration/reproduction of organ/tissue/fluid cells and/or complete reproduction via nuclear transfer to oocyte for development of twin brother-son or sister-daughter. Over one billion fertile women can produce over twelve billion oocytes a year for dual gamete reproduction, cell nuclear transfer reproduction and/or organ/tissue/fluid/cell regeneration with genetic reprogramming.

2)PERMANENT LIFE FLUID INCUBATOR

Pro-Choice-for-Life position does not criminalize abortion (or drugs, prostitution, suicide attempt) but seeks to bring it to ZERO with birth control, economic support, adoption and optional gestation with dry incubators and development of LIFE FLUID INCUBATORS for fetus and eventually for embryos.

Dry incubator 5-9 month fetus improved by Fluid Incubator 3-9 month, replicating natural womb, evolving to holding embryo and to Neurobot human size mobile fluid incubator, fully replicating human gestation. Safer/painless labor/birth or embryo/fetus transfer to Life Fluid Incubator using contracting extraction tube inside expansion fluid tube, keeping fluid pressure. Umbilical cord internal tube re-connection to external maternal blood reservoir with oxygenation, nutrition, immunization supplementation.

Zero abortions can be achieved with Birth Control, Universal Capital Income, Global Medical Dividend, Parenting Economic Empowerment, Pre-Adoption/Fostering System, late transfer to Dry Incubators, Early transfer to new Fluid Incubators; Gestation Clinics; Incubator University Incubating/Coordinating System: educated, supported, invested Humans can generate on average +US$50,000 year income; +US$1,000,000 assets.

Life Fluid Incubator is the Reproduction/Cloning/Gestation/Labor of Embryos/Fetuses/Babies Module of the Permanent Life Module that can preserve Embryonic/Fetal Life or Adult Genetic/Informatic Life. It can also equip Hospitals, Clinics of Reproduction and Gestation to replace abortion practice and clinics. Also can include video-robotic extraction device and for cryo freezing storage, to remove embryo from unwanting/at risk mother, for preservation, potential re-implantation for natural development or in artificial Fluid Incubator. A wanted or unwanted embryo/fetus could be removed from natural mother or placed directly into a Life Fluid Incubator for full development.

Currently, dry incubators can receive wanted/unwanted fetus, transferred from the mother/fetus at risk or from unwanting mother, after between 5-8 month of gestation, but with development risks to the fetus, specially between 5-6 months. A Fluid Incubator, replicating the mother's womb environment with amniotic fluid, is more effective in terms of healthy fetus formation and could bring that time frame bellow 5 months. The full development of a semi-cloned (2 parent gamete DNAs) or cloned (1 parent DNA) embryo is also possible and may fully replace the natural gestation process, specially when there may be health and/or productivity risks for the mother. Also can eliminate completely the abortion of unwanted embryo/fetus that could be also cryo frozen, while the technology is not yet completely available, or a time specification development is desired for the embryo.

Abortion destroys Cellular Lives (embryos) and should be replaced with embryonic or fetal transfer to another gestation-mother, incubator (dry/air or wet/liquid) or when not yet technologically possible to cryonic preservation with cryo preservatives for future transfer. The legal prohibition of abortion is not efficient because it is not operationally possible for the government or society to control voluntary actions of individuals over their own body in the privacy of a residential or commercial unit (in addition to the life-threatening risk to clandestine abortion actions especially without appropriate medical expertise). Incubators with aminiotic fluid, lung-heart-kidney machines (oxygenate, nourish, supplement and filter the blood of the fetus) could reduce unwanted pregnancies from an involuntary mother to less than five months. Abortion clinics could be replaced by gestation clinics and/or transfer to incubators.

Society and governments, in the interest of preservation of life and protection of minors, should not require or enforce parental responsibility with laws and criminal or civil (payments) process, as they encourage abortions, instead of encouraging gestation for later adoption or government guard in a boarding educational institution, preferably an University. On the impossibility of voluntary gestation, as a last resort should then opt for embryo/fetal transfer (gestation-mother/incubator) when technologically possible or cryonic Atomic Life preservation for future reactivation, avoiding the abortive destruction of Cellular Life or Systemic Life. Additionally there must be development and improvement of use, multiuse, efficiency and complementary alternatives of birth control methods to eliminate the abortion practice.

Preservation (or transfer when technologically possible) of embryonic Cellular Life or fetal/child/adult Systemic Life does not generate economic deficit (expense), on the contrary generates surplus (investment) because when economically activated can generate on average higher revenues than the cost of their preservation. The destruction of Cellular or Systemic Lives generate significant economic and psychological damage to society. The transfer and regression of Cellular Life to Atomic Life (cryonic freezing), as protective measure against its possible destruction, is valid and effective as last voluntary alternative to abortion (embryonic/fetal destruction) after parental responsibility transfer attempt (Systemic Life with full 8-9 months gestation), transfer to incubator (from 4-7 months of gestation) or embryo transfer to another mother (when technologically possible).

3)PERMANENT LIFE DEFENSE SYSTEM

Traditional medical paradigm of disease and death must be replaced by the Permanent Life Paradigm that sustains, regresses, regenerates and progresses life across five dimensions: Systemic, Cellular, Atomic, Genetic and Informatic. The ideal is to preserve Systemic Life with a permanent Universal Immunological Supplement Defense System that supports/perfects the natural evolving immune system. This Defense System against cancer, aging (including eliminating dysfunctional/old/senescent cells) and any viral/bacterial infection already exists theoretically and must be implemented immediately.

The most important is that patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

The obsolete/inefficient/illegal/unconstitutional patent/monopoly system favors the development of specialized, symptomatic, palliative drugs and clinical trials that

maximize short-term profits but minimize health results and long term profits. Clinical trials must focus on multi component technology systems that maximize sustainable health results and development of low cost self-immunity. Using system components simultaneously, to obtain 75% to 95% positive results in clinical trials, will usually result in regulated/controlled lower prices and the need for higher investment, mass production with lower profit margins, lower short term profits, but higher long term profits. This is in the interest of patients/society and long term investors/managers but not necessarily in the short term interest of short term technocratic management/investors. These usually prefer targeting 20% to 40% positive results in clinical trials of specialized drugs to maintain unregulated/uncontrolled high pricing monopoly and low investments/production with higher short term profitability, without total cure.

A patent supposedly gives a right to monopoly, but not to monopoly abuse, which is damaging to consumers/society and goes against anti-trust laws. Monopoly leads to probable abuse and reversing it is difficult, since regulators and judges are appointed by the executive/legislative members that receive all kinds of bribes/advantages (contributions/remunerations) from trusts (monopolies/oligopolies/cartels). These monopolies can be ignored by pro-health economic/political groups acting in self-defense of themselves and of humanity, or easily replaced by alternative or more advanced technologies.

The human immune system has systemic multi variables that require systemic simultaneous supplementation to eliminate cancers, virus, bacterias and any damaging substance or organism:

3.1-INDUCERS: preventive vaccines, benign dysfunctional pieces of unhealthy cells/micro-organisms, alert and induce the immune cell system to prepare to attack functional malignant full cell/micro-organisms as bacterias, viruses, cancer and dysfunctional/senescent (old) cells. Preventive vaccines can overload the immune system and require supplementation of therapeudic vaccines.

3.2-SUPPLEMENTS: immune cell supplementation (therapeudic vaccines) from blood/lymph harvesting, endo/exo in vivo/vitro cultivation, stem cell derivation and/or bio-cybernetic super cell creation, improves defense and helps regeneration; also nutritional supplementation as glucose, proteins, oxygenation and hormones/enzymes (increase/decrease telomerase supplement, increasing DNA telomeres, for example for specific tissues or cell clusters, increases healthy cell growth and decreases unhealthy cells as cancers). Hormone/Telomerase supplementation must always be combined with physical/nutritional/immunological supplementation to avoid/reduce side effects (acceleration of genetic/environment cancers or anomalous ventricular heart valve regrowth, that can also be corrected by micro/nano surgery).

3.3-ATTACKERS: biochemical combos attacking different stages of development of cancer, dysfunctional/senescent cells, bacteria and virus, as cell interstitial pre-entry, membrane entry, RNA replication, nucleus DNA entry, cell pre-exit, membrane exit and post-exit intercellular. This can reduce selection evolution and mutation survival of unhealthy cells/organisms. Attacking must also be combined with other defense system components to avoid the development of super bacterias, viruses and cancers.

3.4-MARKERS: unhealthy cell/organism membrane markers, as biochemical natural marker (enzymes/proteases/caspases signaling cellular death/dysfunction) and/or artificial metal-biochemical markers; complemented by energy-matter quantum wave membrane destruction or nanobots/nanogels elimination/absorption, while healthy cell/organism membranes resist, survive and grow. Elimination of cell immune checkpoint inhibitors can help mark cancer or dysfunctional cells but can also help mark still healthy cells.

3.5-WAVERS: unhealthy substance clusters/clumps, cell/organism membranes, marked or not, can be destroyed by energy-matter quantum waves, as molecular (sonic/ultrasound), electric (electrodes), photonic (lasers/eletromagnets) and/or innovative gravitonic beams (gasers derived from laser/fiber optic solenoids/toroids).

3.6-COMPETITORS: benign viruses, bacterias, cells, chemicals and substances can compete against similar malignant organisms/substances for resources, weakening the malignant version or as “Trojan Horses”, absorbed/fused to the malignant version, leading to their destruction.

3.7-REGENERATORS: hormones that induce cell replication enzymes or the enzymes themselves, as telomerase, that induces the growth of telomeres, DNA ending caps. That allows continuous cell replication, reduction of cell division errors and reduction of cancers derived from this cause. However it can stimulate healthy and unhealthy cell replication, including cancerous cells derived from other genetic defects and external environment and substance causes. This must be stopped by other complementary defense system components. Mass production of bio-cybernetic Super Cells, compatible with the immune system, can also replace or supplement natural cells.

3.8-REMOVERS: nanogels and/or nanobots can absorb/remove venoms, viruses, bacterias, cancers, identified by some marker/property that will lead to attachment, absorbing and removing.

3.9-FILTRATORS: blood and lymph filtration may remove cancers, toxins, bacterias, viruses, dysfunctional/old/senescent cells, add immunological and nutritional supplementation as glucose, enzymes, hormones, proteins and

oxygenation.

3.10-CIRCULATORS: full or segmented vascular blood/lymph circulation must be sustained artificially with pressure/gravitational system for nutrition, oxygenation, filtration and immune supplementation. In case of general infection/cancer/hemorrhage that obstructs partial/full vascular circulation, interstitial/intercellular porous circulation can be achieved with trehalose cryopreservative flash/dry freezing, followed by partial vacuum dehydration of the intercellular space. The opening of interstitial/intercellular pours will allow porous circulation from pressure difference between high and low pressure chambers, with body as a filtering porous sponge in between.

4)INDIVIDUAL UNIVERSAL IMMUNOTHERAPY

IUI (Individual Universal Immunotherapy), CBM (Cell Bank Medculture), SLR (Systemic Life Regeneration), ALR (Accelerated Localized Regeneration), SAV (Super Auto Vaccine), SAT (Super Auto Test), SAS (Super Auto Supplementation) (etc) accelerate a natural, tested, efficient, proven process by reducing space/time and increasing other variables trial-and-error strategies, achieving results that would take hundreds, thousands or millions of years to achieve, via current, traditional neoclassic, passive science or natural evolution. Active Science accelerates/changes nature.

Systemic Permanent Life Protocol supports/regenerates Systemic Life, cells with natural integration and regeneration systems, to Regenerate by Replicating-Repairing-Reforming-Replacing-Revoking cells, in-vivo and/or ex-vivo, with Skin/Nasal/Sub-lingual (patch/spray/pill) nano-micro-supplementation, than Blood-Lymph-Marrow fluids micro-mini supplementation (vascular/inter-cellular catheters) and as last resort macro-mega tissue/organ supplementation (mini-macro surgery/3D bio-printing/scaffolding).

Replicate (divide) cells with hormones/enzymes/mRNAs; Repair (fix) genome/chromatin/telomere with DNA sirtuins, enzymes (telomerase) and epigenome with OSK factors, Oct/Sox/Klf-4; Reform (change cell function) with local cell exosome/cytokine signaling/changing connective stromal cells to functional cells; if not effective Revoke (neutralize/destroy) with antibodies and immune cells; Replace (substitute) with vascular cells from general marrow/blood Stromal connective cells. Biologic regeneration is natural/unlimited, aging is evolutionary/circumstantial and reversible genetically, epigenetically and at cellular in/ex-vivo body levels.

Before making artificial modifications, as genetic, natural bio-system must be used at ideal configuration and/or perfected within same evolution paradigm. IUI, accelerates ex-vivo proven in-vivo process. Stem/Stromal cells and other

supplements can be necessary to support regeneration avoiding tissue/cell elimination without new tissue/cell replacement. IUI EX-VIVO VACCINATION produces Antibodies and Antigen loaded Immune Cells outside body for in-vivo delivery. Ex-Vivo Vaccination, Supplementation,Testing can individually verify at lower cost Individual Real Efficiency and Adverse Drug Reactions for natural/artificial Life/Health support, replacing high cost general clinical trials with absent/insufficient post-trials that end up in collateral effect lawsuits.

Application requires multiple, ex/in-vivo, simultaneous processes to make what is achievable theoretically/empirically (lab controlled experiment) in 50-100 thousands cells to be efficient at real world Human bodies of 50-100 trillion cells. Anti-symptomatic drugs reduce 1st bio-body defense line (congestion, fever, pain and inflammation); No-Vaccination reduces 2nd bio-body defense line (Antibodies); Partial-Vaccination reduces 2nd/3rd bio-body defense line (Antibodies/T-cells are less effective with higher viral load and mutations).

Hormonal genetic decline shrinks human cell-count/tissues/organs/body, including lymph nodes, where specific adaptive immune cells are loaded/trained with pathogen antigens. Specially in the main lymph node, the THYMUS, where T-cells receive positive/negative training, testing, selection, based on their capacity to identify/attack pathogens and not attack same DNA Human cells. In/Ex-Vivo Micro/Macro Fluid/Cell Testing individually verifies at low cost Individual Real Efficiency, Adverse Drug Reaction, replacing high cost low efficacy general clinical trials with absent, insufficient post-trial real effect, generating even lower real efficiency. Bio natural immune system and regeneration paradigm technologies have on average over 80% efficiency while artificial bio divergent technologies have under 40% short term clinical trial efficacy and under 20% real efficiency after long term collateral effects.

Lymph nodes/Thymus can be maintained, regenerated and/or complemented with Individual Universal Immunotherapy, where the in-body natural process is replicated/accelerated out-body/in-vitro/in-lab, so that tested antigen ready/loaded antibodies/immune cells bank can be reintroduced into same DNA donor Human.

All pathogens (virus, bacteria, cancer, fungus, toxins) can be eliminated and aging reversed with supplemented stromal/stem cells, hormones, enzymes, cytokines, mRNAs, vDNAs. This process is a NATURAL replication/maintenance of a declining tested process. Artificial strategies can only be deployed after the natural developed strategies are reinstated. Pseudo-patented treatments that copycat nature but add an artificial/unnecessary/inefficient step or just rename a natural process must be avoided (such as calling a mRNA exosome a nano-lipid particle), making unnecessary changes just to get a patent and use it to abuse monopoly power to price gouge consumers.

Dilemma of stimulating healthy versus dysfunctional cell growth (division/repair hormones/enzymes as DNA telomere extension telomerase or DNA repair Sirtuin proteins) or destruction in-vivo can be solved by initial processing/supplementing blood/lymph, stromal connective/function-reform cells, antigens/antibodies and immune cells ex-vivo.

IUI SERVICE - Individual Universal Immunotherapy: cure acceleration/immunization/regeneration, senescent/dysfunctional cells remove/repair, immune cell/antibody/antigen/ vaccine/regeneration/growth protein/enzyme/hormone/telomerase/interleukin7 ex/in-vivo boost, against virus, bacteria, cancer, toxins, trauma, aging.

Accelerate/supplement NATURAL TESTED PROCESS ex-vivo/in-vitro/lab, with VERIFIABLE multi-strategies and re-inject to accelerate body results, boosted by in-vivo vaccines.

1-Extract sequential blood samples to centrifuge and separate immune cells/molecules and concentrate them on first sample with pathogen.
2-Follow on electronic microscope the identification of intra/extracellular pathogen and result to extract/inform/load antigen.
3-New immune cells/molecules to spread/load antigen to inform/attack, re-injecting part, until cure.
4-Specific immune cell/molecule versus pathogen until antigen loading acceleration or success.
5-External biological, chemical or mechanical intervention, as membrane piercing, to induce cell alarm to expose pathogen.
6-Neutralized/disabled pathogen as a real time vaccine and/or antibodies from convalescent/cured patient.
7-Cultured defensive cells/molecules; plasma antidote serum of anti-bodies from horses; genetically enhanced defensive cells.
8-Regeneration enhancing immune cells targeting clearing senescent cells; telomerase, DNA telomere growth enzyme; platelets/neutrophils for trauma repair.
9-Nanoparticle spray/cream external vaccines with viral, bacterial, cancer proteins can induce the immune system at the site of contagion.
10-Cyto-bio-chemokines, cell alarm/signaling, identify pathogen, inform/load antigen and regenerate cells in vitro/lab and/or in vivo/body.
11-mRNA to cell harvest proteins ex-vivo positive (as enzymes) or negative (as pathogens) to introduce to blood/immune cell concentrate.
12-Gene therapy using DNA/RNA ex-vivo to edit/add genes to cells, including immune cells to ID/eliminate pathogens.
13-Pluri/multi/unipotent cell immune/tissue cloning/genetic reprogram/regrowth stimulator to clear/replace senescent/cancer cells.
14-Immune cell Bio-Bots, as specific Nampt-macrophages, to accelerate regeneration, protein inducing local or delivered stem cell division.

15-Autoimmune diseases actual viral/genetic/cancer cause or replace attacked/attacker cells w/ compatible new stem/ex-vivo cultivated cells.
16-Oxygen, glucose, electric, glial cell supplementation to protect/regenerate neuron cells from systemic dysfunction leading to improper life abandonment.
17-Immune cell supplementation with low temperature hibernation in case heart/brain electric failure (aka supposed death) to reduce oxygen consumption need.
18-Immune cells/molecules genetic/artificially engineered/enhanced to be full or higher functioning at lower temperatures.
19-Full and/or partial inactivated bacteria and/or virus injected in cancerous cells, ex-vivo and/or in-vivo, to induce ex-vivo and/or in-vivo immune cells/antibodies.
20-In-vivo/ex-vivo membrane markers can attract/train immune cells/antibodies containing destructive/constructive supplements to specific dysfunctional/functional cells.
21-Immune Super Cells produced ex-vivo or in-vivo by genetic engineering/bio-chimo infusion on in-vivo/ex-vivo cells, gametes, embryos, stems, cloned and/or cultured cells.
22-Immune cells can be regenerated with hormone/enzyme, as telomerase to increase telomeres and dividing capacity or gene inducing to pluripotent stem cell and back.
23-MFSD1 can make cancer targets still, stimulating cell membrane Integrin receptors to adhere to other cells and to extracellular matrix, slowing metastasis spread.
24-Regeneration of immune cells with Induced Pluripotent Stem cells; boosting ex-vivo immune supplementation with in-vivo vaccine and growth proteins as Interleukin 7.
25-Filter blood from dysfunctional cells, add functional tissue/organ cells, trained antibodies/immune cells ex-vivo, reintroduce them in-vivo, eliminating and replacing by healthy.
26-Accelerated Natural Biological Restructured Regeneration, tumor/trauma/defect immune/structure cells/cytokines/enzymes/nutrient/RNA/DNA nano/micro/mini infusion.
27-Accelerate ex/in-vivo immunity process with cancer cells mRNA transformed into immune cells that are functional or non-functional inducing antigen identification.

HAI IUI MACHINE - Individual Universal Immunotherapy - Immune and Stem Cell Bank - Human Artificial Intelligence Hardware/Software against virus/bacteria/cancer/trauma/aging:
1-Nanoscoper: identifying intra/extracellular pathogens from blood and body fluid.
2-Centrifuger: separating/concentrating white cells, red cells and plasma.
3-Vaccinater: white cell concentration/culture, antigen extraction/information/addition.
4-Oxygenater: red cell concentration/culture and oxygenation.

5-Nurturer: plasma defensive molecules concentration/culture and nutrition/hormones.
6-Marker: cyber-bio-chimo-quantic marker to locate/eliminate/build.
7-Replicater: pluri/multi/unipotent cell cloning/genetic reprogramming/regrowth stimulator.

SUPERVAC/AUTOVAC/SAV, Super Auto Vaccine: Super Vaccine, Immunizes/cures immediately by concentrating, supplementing, testing, antigen loading immune cells/antibodies ex-vivo/in-vitro (outside body) before in-vivo vascular (re)injection, against virus, bacteria, cancer, fungus, toxin, trauma, aging.
Blood Centrifuge Concentration: White Cell (antigen loading)/Red Cell (oxygenation).

Cell Bank: refrigerated, hibernated, cryo/dry freeze, trehalose cryopreservation.
Cellular Medculture: Customized Individual Genetic Human Cellular Medculture mass/flexible production; Cell based production of vitamins, minerals, lipids, carbohydrates, proteins, enzymes, hormones, vaccines, antigen loaded immune cells/antibodies.

External Cellular Regeneration System.
(Supplement Internal SAV-SAS-SAT-SAN-SAE).
CBM-IUI-SLR-ALR.
CBM-Cell-Bank-Medculture.
IUI-Individual-Universal-Immunotherapy.
SLR-Systemic-Life-Regeneration.
ALR-Accelerated-Local-Regeneration.

CELL LINES.
HSC-Hematopoietic Stem Cells (red/white blood/lymph cells).
MSC-Mesenchymal Stem Cells (bone/cartilage/muscle/fat).
(stromal/connective/mRNA/epigenome/reform).
ESC-Epithelial Stem Cells (skin/basal cells).
NSC-Neural Stem Cells (brain/spinal cord).
DSC-Dental Stem Cells (pulp/exfoliated/periodontal/apical/follicle).
Repair (Internal/External).
Reform (mRNA/exosome/epigenome).
Divide (telomere/telomerase).
Supplement (Internal/External).

Auto Vaccine, self-applied vaccine system, for pathogens as aero-contaminant, repeat, multiviral, ultra low cost, non-cure, preventive, with delayed immunization.
Uses animal cellular Medculture harvesting to produce ex-vivo (in-vitro/lab) viral proteins using RNA/DNA, and/or artificial/synthetic viral (poly) peptides (sub-protein), packed in nano-particles/nano-lipids, to be delivered as a auto-applying

spray/cream/drop at the main point of contagion, transmission, replication, in this case nasal/respiratory, as sub-lingual pill, mini-needle spring intramuscular injection and micro-needle 3D print intradermal patch. Can be sold directly on line/delivery to consumers and/or local pharmacies, convenient/grocery stores, ending abusive use of symptomatic drugs that reduce immune defenses, leading to pneumonia/emergency/hospitalization).

Auto vaccines ampoules with a bottom automatic spring injection (with a intramuscular and/or subcutaneous range or angle of insertion), plus a top nasal spray, plus a solid ambient temperature sublingual dissolving preserving polymer-eatable-nutritional (as cellulose/alginates), plus intradermal micro-needle 3D printed patch, to mobilize immune system immediately, including at point of contagion, at a frequency and coverage (target 100%) that will deliver +10 times efficacy for 10 times less production and distribution cost.
Multiviral/Mosaic Binding-Receptor-Domain nano particles ex-vivo vaccine eradicates Covid-Flu-Cold with preventive mandatory, annual, simultaneous AutoVac spring-pill-patch-spray delivery and curative SuperVac, ex-vivo antigen/antigen receptor loaded immune cells and antibodies.

AUTOSUP/SAS, Super Auto Supplements: Auto low cost pill, patch, spray, spring injection of nutrient, metabolic, regeneration supplementation, as vitamins, proteins, glucose/trehalose, hormones, enzymes, mRNAs (messenger)/vDNAs (vector/vehicle) for human cell protein production. Ex-vivo/IUI or in-vivo/SAV supplement. Nutrition (protein/aminoacids, vitamins, glucose, lipids), Enzymes (as telomerase, telomere extension, HTC, Hydride Transfer Complex, protects cell against hypoxia/lack of oxygen), Cytokines (cell signaling against trauma/bacteria/virus/toxin/cancer as chemokines, interferons, interlukins, lymphokines, Tumor necrosis Factors), Hormones, Growth Factors, Trehalose (insect sugar, cryopreservative, protects cell membranes against dehydration, high/low temperature, hypoxia, can be converted to glucose with trehalase and the opposite with glucase).

AUTOTEST/SAT, Super Auto Test: blood/saliva/urine multi microfluid testing, multi auto delivery system directly to consumer, patient, authorities proof for Medical Dividend/Reward.
GENEMOD: Gene fixing/perfecting modification with vDNA, vector/vehicle DNA molecule (plasmid, virus, nanobot, nanoparticle, microinjection, electroporation, magnetofection, hydrodynamic injection) used to carry DNA segment to host cell, can produce a permanent internal fixing/perfecting of cell as opposed to external supplementation, as for genetic mutation dysfunctions.

BIOBOT: Immune Cells, as specific Nampt-macrophages, deliver proteins (as NAMPT) to stimulate stem cell division for injury regeneration. They can be supplemented by IUI to accelerate this stimulus or they can be used as a BIOBOT

to carry telomerase (enzyme protein) to increase division capability of local cells increasing their division telomeres (end of DNA) and/or deliver ex-vivo cultured new stem cells to the injury/trauma/aging local accelerating regeneration. Vector Bactobot/Virobot, cell delivery inert virus/bacteria.

OLIFE: Acar/Ocar/Olife cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analogic doctor-bot with dual-structure/organs supporting life of cell-donor.

IUI/SAV/SAT/SAS System: Super Auto Vaccine/Super Auto Test/Super Auto Supplements, spray/pill/patch/spring injection multi vaccine and blood/saliva/urine multi microfluid testing, multi auto delivery system directly to consumer, patient, authorities for immunization, prevention, proof for Medical Dividend/Reward; SAS ex-vivo/IUI or in-vivo/SAV supplement.

Individual Universal Immunotherapy, accelerates natural tested immuno response, reducing space/time of process ex-vivo, as re-introducing in-vivo antigen loaded immune cells tested ex-vivo, a process that could take more time/space in-vivo to develop, resulting in a symptomatic disease that could even be fatal, leading to Live abandonment as a result as heart/brain electric failure. SAV/SAT/SAS are preventive/pre-sympthomatic, IUI is post-sympthomatic/curative. Delivery by spray/pill/patch/spring (intramuscular spring auto injection), intramuscular/vase needle injection, nano/micro/mini/macro catheter/surgery/bot.

ALR: Accelerated Localized Regeneration, 3D bio in/ex-vivo, tumor/trauma/defect immune/structure, cells/cytokines/enzymes/nutrient/RNA/DNA, nano/micro/mini infusion, as via a micro catheter, has lower cost higher performance than traditional macro or micro surgery/chemo/radio interventions, macro being the worst in terms of invasive high risk higher costs lower performance, often directly and indirectly lethal, as infections, hemorrhage, thrombosis or cancer.

SLR: Systemic Life Regeneration, Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

IUI
CBM
Life-Campus
Life-Regeneration
Cell-Bank-Medculture
Individual-Universal-Immunotherapy
Connective-Function-Reformed-Stromal-Cells
Antigens-Antibodies-Antigen-Loaded-Immune-Cells

SAS
Antibodies
Natural+IgA-IgD-IgE-IgG-IgM
SAS-Super-Auto-Supplement
Human-Polyclonal-Antibodies
Antibody-Patch-Pill-Spray-Kits
Dry-Frozen-Trehalose-Trehalase
Cancer-Virus-Bacteria-Toxin-Cure
Multi-Antigen-Epitopes-1-2-5-Paratopes
Ex-Vivo-Human-Cell-Culture-Productions

Ex-vivo mRNA, producing fragment/mosaic/whole sub/unit antigens using Human Cells, can produce antibodies and antigen loaded B/T/D-cells to prevent/cure.

Allopathic Medicine distortion of Biologic Medicine include partial-vaccination (non-vaccinated raise pathogen load, create natural selection mutations), in-vivo non-human mRNA vaccines (confuse immune system over in-cell contamination) and anti-symptomatic-drugs (symptoms are defenses).

Dengue virus antibodies for type 1-2 may be trojan horse for types 3-4, binding but not stopping them from entering cell/replicating. IUI allows ex-vivo antibodies+B/D/T-cells selection to stop virus 1-2-3-4.

Viral mosaic/sub-unit vaccine best. Inactive virus second best, live virus manipulation. In-Vivo vDNA, mRNA worst, may trigger cell attack, benign reading or genome/epigenome reverse transcription. Full vaccination eradicates virus, partial created endemic. mRNA vaccine concept exists since 80s. None developed. Cannot be approved by emergency. Other tested concepts available. Frequent mRNA exosomes or untested mRNA vaccine may trigger genome/epigenome reverse transcription.

Antigens can be produced ex-vivo to deliver in-vivo to produce antibodies. Products are natural, no-patent possible for these low cost vaccines. Big-pharma decided to deliver mRNA/vDNA in-vivo high-cost via supposed low cost novel process for alleged patents.

EX-VIVO mRNA Human Cell Production sub-unit/fragment viral protein mosaic-exosome antigens, antibodies, antigen loaded immune cells, delivered flash-dry frozen in patch-spray-pill kit to point of contagion for prevention and/or cure.

Systemic Life Regeneration-Rejuvenation Cell-Bank Supplementation.
In-Vivo/Body extraction, Ex-Vivo/Lab replication, In-Vivo/body supplementation.
Flash dry frozen trehalose cryo-preserved cells, water/electric/trehalase reactivation.
Remove/repair/replace senescent/dysfunctional cells before/during telomere increase.
IUI(Individual Universal Immunotherapy) and SAV/SAS(Super Auto Vaccine/Supplement).
Hormones/Enzymes/mRNA supplement to increase cell division(increase telomere),repair (mRNA epigenome restoration)and IUI/SAV/SAS destroying senescent/dysfunctional cells.
1)Blood(extract/replicate/supplement stromal/red/white cells).
2)Lymph(extract/replicate/supplement antibodies/immune cells).
3)Bone Marrow(extract/replicate/supplement stem cells).
4)Skin(extract/replicate/supplement collagen/epithelial cells).
5)Organs(extract/replicate/supplement specialized cells)
(macro-mini-micro intra-tube-vascular/inter-cellular catheters).
Mesbank Cell Banks, Super-Auto-Vaccines, Super-Auto-Supplements, Permanent-Life-Modules, Individual-Universal-Immunotherapy can use Flash-Dry-Frozen-Trehalose-Cryo-Preserving and Enzyme-Trehalase-Electric-Stimulus-Defrosting.

Hormonal genetic decline shrinks human cell-count/tissues/organs/body, including lymph nodes, where specific adaptive immune cells are loaded/trained with pathogen antigens. Specially in the main lymph node, the THYMUS, where T-cells receive positive/negative training, testing, selection, based on their capacity to identify/attack pathogens and not attack same DNA Human cells. These lymph nodes/Thymus can be maintained, regenerated and/or complemented with Individual Universal Immunotherapy, where the in-body natural process is replicated/accelerated out-body/in-vitro/in-lab, so that tested antigen ready/loaded antibodies/immune cells bank can be reintroduced into same DNA donor Human.

All pathogens (virus, bacteria, cancer, fungus, toxins) can be eliminated and aging reversed with supplemented stromal/stem cells, hormones, enzymes, cytokines, mRNAs, vDNAs. This process is a NATURAL replication/maintenance of a declining tested process. Artificial strategies can only be deployed after the natural developed strategies are reinstated. Pseudo-patented treatments that copycat nature but add an artificial/unnecessary/inefficient step or just rename a natural process must be avoided (such as calling a mRNA exosome a nano-lipid particle), making unnecessary changes just to get a patent and use it to abuse monopoly power to price gouge consumers.

Anti-symptomatic drugs reduce 1st bio-body defense line (congestion, fever, pain and inflammation); No-Vaccination reduces 2nd bio-body defense line (Antibodies); Partial-Vaccination reduces 2nd/3rd bio-body defense line (Antibodies/T-cells are less effective with higher viral load and mutations).

High-cost invasive-overdose chemo-surgery-device medicine average 30% empirical efficacy clinical trial, not microfluid tested probable practical real world effective under 20%, while natural low cost bio-medicine is over 80% effective.

IUI Individual Universal Immunotherapy accelerates ex-vivo/in-vivo immunity process of identifying antigen, eliminating pathogen as virus, bacteria and cancer cells that can also be mRNA transformed into immune cells, functional or non-functional inducing antigen identification, accelerating regeneration of unhealthy tissue, adding healthy cells that compete with unhealthy cells for resources.

IUI (Individual Universal Immunotherapy), SLR (Systemic Life Regeneration), ALR (Accelerated Localized Regeneration), SAV (Super Auto Vaccine), SAT (Super Auto Test), SAS (Super Auto Supplementation) (etc) accelerate a natural, tested, efficient, proven process by reducing space/time and increasing other variables trial-and-error strategies, achieving results that would take hundreds, thousands or millions of years to achieve, via current, traditional neoclassic, passive science or natural evolution. Active Science accelerates/changes nature. Application requires multiple, ex/in-vivo, simultaneous processes to make what is achievable theoretically/empirically (lab controlled experiment) in 50-100 thousands cells to be efficient at real world Human bodies of 50-100 trillion cells.

Reason cold/flu/covid vaccines are -40% effective instead of +95% is big-pharma patent technologies monopoly abuse partial vaccination profit-motives and conservative low-knowledge low-intellectual development anti-vaxxers. Mandatory Global Annual Simultaneous Vaccination Eradicates as proven in Nova Serrana, Brazil, where 50% efficacy clinical trial covid inactive virus vaccine was +95% effective with mandatory/compliant simultaneous general vaccination.

Systemic Life Regeneration (SLR): Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

vDNA (vector/retroviral/neutral viral shell), can be used to change/instruct DNA that than activates mRNA. vDNA could have higher risks/potential errors, than using directly mRNA for reprogramming, a more scalable, lower cost, more productive, better for clinical/industrial mass production of stem cells or younger cells ex-vivo or supplementation for in-vivo production via a mRNA vaccine/supplement. iPSC, Induced Pluripotent Stem Cell can be produced with pluripotency related genes, Reprogramming/Transcription Factors, as Oct4/Pou5f1, Sox2, Klf4 and cMyc. Reprogramming/Transcription Factors, pluripotency genes, as Oct4, Sox2, Klf4, bring cell to original/young differentiated state, plus cMyc to stem non-differentiated state, in-vivo/ex-vivo for internal/external cell/tissue/organ/body regeneration/bio-building and bio-cyber doctor-bot Nbot, Neurobot bio-cyber building, dual mitotic bio-cyber independent Artificial Intelligence structure that can be divided for donation to protect/support Live of the original DNA donor, while maintaining/protecting the original/independent/ donator.

IUI can eliminate virus, bacteria, cancer, toxin, trauma, aging; in addition to in-vivo cell telomere extension replication, plus Reprogramming factors/genes regeneration, plus ex-vivo stem cell, tissue, organ and full body (Nbot), can provide full Systemic Permanent Life Protection. If technology not available and/or Systemic Life, cells with natural integration systems, regresses to Cellular Life, supplemented by artificial integration systems, regeneration can be applied while patient in "coma" instead of typical/eventual Life abandonment with 99,99% living cells to be buried or burned. If Cellular Life protection tech not available or general/regional artificial circulation not possible, than Life must be regressed to Atomic/Molecular Life hibernation (flash/dry freezing), deactivating cells for future progression with defrost/dehibernation/regeneration protocols already available.

nDNA, Nuclear DNA can be damaged with time by structural break/gene replacement/mutation that is usually repaired/destroyed and/or activation/deactivation of genes by position of gene strand, that could be rebooted/rejuvenated to original state by reprogramming genes. Telomere ends wear out, if not rebuilt by hormones producing the enzyme Telomerase to extend Telomeres. mt DNA, Mythocondrial DNA, can be damaged by its high oxidation environment. Superoxide Dismutase for example is an enzyme counteracting this damage and can be supplemented to avoid turn for example into dysfunctional Senescence Cell. That can be an alternative to apoptosis/destruction of cell, with a physical/spatial/structural function, or if not they may just consume resources as cancer cells and avoid replacement for healthy cells that could be naturally or artificially supplemented in-vivo/ex-vivo.

ALR, Accelerated Localized Regeneration, 3D bio in/ex-vivo, tumor/trauma/defect immune/structure, cells/cytokines/enzymes/nutrient/RNA/DNA, nano/micro/mini

infusion, as via a micro catheter, has lower cost higher performance than traditional macro or micro surgery/chemo/radio interventions, macro being the worst in terms of invasive high risk higher costs lower performance, often directly and indirectly lethal, as infections, hemorrhage, thrombosis or cancer.

Biotech patents for nature copycatting and/or minor unnecessary changes to then abuse monopoly with price gouging, not only gives rise to wealth accumulation that can be contested/seized, but obstructs lower cost higher performance nature paradigm developing Biotech. Alleged patent for mRNA "lipo-nano-particle" (mRna occurs in nature inside a lipid membrane) or changing nucleotide to make it more/less this/that, meaning it isn't actually essential, then raises vaccine dose prices +30 times. mRNA vaccines/supplements should be used to produce Human proteins, perfecting nature, not non-human proteins for confusing messages to immune system, leading to immunity and loss of immunity cycles. Exosome, lipid membrane, mosaic, protein/fragment/inactive vaccines are more effective (real world) proportional to their coverage. A mRNA vaccine could have an initial controlled expensive barrier of entry clinical trial higher efficacy to then halve a lower real world effectiveness, even lower proportional to coverage of vaccine.

IUI, Individual Universal Immunotherapy, accelerates ex-vivo (outside the body) immunity process that occurs naturally in-vivo (inside body), by reducing the space, time and strategy choice. Allows immune system to identify the pathogen threat (antigen), prepare antibodies (obstruct pathogen from entering healthy cells), load attack-ready immune cells with antigen information and load information immune cells to inform other information/attack cells inside body. Identifies, solves obstacles, destroys pathogens, regenerates body, accelerating cure for any disease/trauma/aging caused by any pathogen (virus/bacteria/fungus), dysfunctional cell (cancer, senescent), toxin or trauma, saving time/space with quality/quantity supplementation of natural/proven immunity processes developed over a billion years by trial/error, reducing them, accelerating new solutions if necessary.

ICU (Intensive Care Unit) can be advanced and compacted into a PLM (Permanent Life Module), including an IUI-Machine-product (Individual Universal Immunotherapy Machine) with curative IUI-Ex-Vivo-Service, complementing preventive SAV-SAT-SAS-In-Vivo-Product (Super Auto Vaccine/Test/Supplement), for All-Age brackets, 0-25-50-75-100-125-Beyond, covered by Medical-Fund-Insurance-Dividend-Reward, part of the Permanent-Life-Paradigm-Protocol-Product.

Super Auto Supplements, Nutrition (protein/aminoacids, vitamins, glucose, lipids), Enzymes (as telomerase, telomere extension, HTC, Hydride Transfer Complex, protects cell against hypoxia/lack of oxygen), Cytokines (cell signaling against trauma/bacteria/virus/toxin/cancer as chemokines, interferons, interlukins, lymphokines, Tumor necrosis Factors), Hormones, Growth Factors, Trehalose

(insect sugar, cryopreservative, protects cell membranes against dehydration, high/low temperature, hypoxia, can be converted to glucose with trehalase and the opposite with glucase).

Super Auto Vaccine, spray/patch/pill/spring, mandatory yearly until eradication, cold/flu/covid, exosome/mosaic with any number of virus nano-particle fragments, strengthens immune system verified by Super Auto Test to receive Medical Dividend. Flu/Cold/Covid pandemic then endemic with +1 million Life abandonment (aka "death") per year because of non mandatory vaccination in endemic regions and use of symptomatic drugs that eliminate 1st line of defense.

Life abandonment, organ harvesting is inefficient/illegal, under 20% transplant efficacy and over 95% Permanent Life Protocol efficacy. Organ/tissue scaffold ECM Extra Cellular Matrix decellularized, recellularized, 3DBioprinted hydrogels, ex/in-vivo with DNA/immune compatible farmed stem cells and IPSC, Induced Pluripotent Stem Cells. ECM mainly composed of macromolecule proteoglycans/fibrous proteins as collagens/elastins/fibronectins/laminins.

When cell membrane channels are covered because of inter-cellular obstruction or space pressure limitation, cell can cease to function, as in sodium/potassium ion exchanges, and so one of the defenses of body is to release the cell into bloodstream to be recycled to other tissues/organs if healthy or to be discarded via kidney/urine if dysfunctional as in cancer. Another defense from cell channel membrane dysfunction would be to eliminate or isolate it to prevent growth. Cancer metastasis, cancer cell leaving an area and joining another, implies a failure of the 3 defense systems to eliminate/isolate it on the spot or to discard it in bloodstream/urine.

Superblood can filter/clean blood from dysfunctional cells, add functional tissue/organ cells, trained antibodies and immune cells ex-vivo, outside body, reintroduce them in-vivo, into body, allowing cancer cells to be eliminated and replaced by healthy cells. If new healthy cells are fed into blood stream from outside body culture, the body mistake of taking unidentified cancer cells as healthy into tissue/organ will decrease and new trained antibodies immune cells will flag cancer cells and avoid incorporation to other tissue destroying them on bloodstream or escorting them out via kidney/urine.

Cells with membrane ion channel obstruction can be released into bloodstream to other tissues/organs if healthy or eliminated by immune blood cells or discarded via kidney if unhealthy. Cancer metastasis is a failure of this process to be fixed by Superblood when eliminating them on the spot or isolating them, as benign nodule, fails because tissue/organ immune cells couldn't identify/eliminate them.
Auto low cost pill, patch, spray, spring injection of nutrient, metabolic, regeneration supplementation, as vitamins, proteins, glucose/trehalose, hormones, enzymes,

mRNAs (messenger)/vDNAs (vector/vehicle) for human cell protein production. Gene fixing/perfecting modification with vDNA, vector/vehicle DNA molecule (plasmid, virus, nanobot, nanoparticle, microinjection, electroporation, magnetofection, hydrodynamic injection) used to carry DNA segment to host cell, can produce a permanent internal fixing/perfecting of cell as opposed to external supplementation, as for genetic mutation dysfunctions.

As FLU/COVID, MALARIA vaccine low efficacy 20-40% in line with big pharma profits, because of wrongful delivery only to risk groups and/or non-mandatory and/or non-simultaneous for all starting in epidemic area. VACCINE EFFICACY PROPORTIONAL TO SIMULTANEOUS COVERAGE OF ALL POTENTIAL HOSTS. ZERO HOSTS ERADICATES DISEASE AND ENDS PROFITS. Multiviral/Mosaic Binding-Receptor-Domain nano particles ex-vivo vaccine eradicates Covid-Flu-Cold with preventive mandatory, annual, simultaneous AutoVac spring-pill-patch-spray delivery and curative SuperVac, ex-vivo antigen/antigen receptor loaded immune cells and antibodies.
Biocyber Neurobot Artificial Bone-Marrow and Thymus-Spleen produces/trains immune cells/antibodies for Superblood/lymph, DNA specific Individual Universal Immunotherapy mini-system cell and antibody bank donor. 3D organ/tissue/cell bio-degradable scaffold/structure bio-printing, Artificial Bone Marrow, Individual Universal Immunotherapy, produce, regenerate. Improve immune cells, stromal cells, antibody proteins, to eliminate pathogens and regenerate organs/tissues/cells. Diabetes can be eliminated with life style nutrition/exercise profile change, Insulin B cells can be produced, pancreas can be bio 3D printed and Individual Universal Immunotherapy can end autoimmune dysfunction probably caused by unidentified or wrongfully perceived pathogen.

MFSD1 protein can make Individual Universal Immunotherapy more efficient by making cancer targets still and help assembling tissues and organs making cells stick to each other. They stimulate cell membrane integrin receptors to adhere to other cells and also to the in-vivo natural extracellular matrix or ex-vivo artificial scaffold.

Immune cells can be regenerated with hormone/enzyme, as telomerase to increase telomeres and dividing capacity or gene inducing to pluripotent stem cell and back. In addition to new somatic to stem cell to immune cell, with particular antigen training or gene engineering, can raise immune capacity, specially at an advanced age, allowing general hormone/enzyme/telomerase supplementation, reducing or eliminating telomere reduction cellular dysfunction, to neutralize potential environment/genetic cancer or non rejuvenated senescent cells. They can also regenerate and repair damaged organs and tissues in-vivo and/or ex-vivo, since organ/tissue/blood different DNA donations are inefficient/damaging/illegal and must be replaced by same DNA repair/regeneration or full 3D tissue/organ bio or bio-cyber printing.

Partial-vaccination industry profits billions from overpriced vaccines, symptomatic drugs and emergency visits. Vaccination technique requires EVERYBODY vaccinated at the same time from epidemic hot spots to all regions. Partial-vaxxers are as damaging/dangerous as anti-vaxxers and responsible for viral epidemic to pandemic to endemic as flu, cold and now covid. Individual Universal Immunotherapy is a Super Vaccine that exo-accelerates endo-natural immune process for immediate high efficacy. Permanent Life Protocol must be applied when traditional primitive medicine declares cardiac/brain electric failure, aka "death", with 99,99% living cells.

Super Cells can be produced ex-vivo or in-vivo by genetic engineering and/or bio-chimo infusion on in-vivo cells, gametes, embryos, stems, cloned and/or cultured cells. IVSC In-Vivo Super-Cells can be produced by sending new genes via electric focused devices as nano/micro needles, robots, patches, skins, chips, catheters to become multi-cellular structures, blood vessels, nerves and/or organs, supplementing/changing natural regeneration decline to become permanent.

Supercell can be bio-chemical (natural cellular/genetic improved) and/or cyber-quantic (artificial informatic electronic-photonic-gravitonic matter-energy systems). Immune Super Cell (ISC) are ex-vivo/in-vivo trained/improved immune system cells/proteins using human/foreign genetics, antigens, chemicals, proteins/enzymes, stem cells to eliminate virus, bacteria, cancer/senescent/dysfunctional cells, aging, trauma. ISC can locate and directly or indirectly eliminate/fix/regenerate cells sustaining Permanent Life forever. ISCs cultivated ex-vivo packed with cancer antigen, reinforced by chemical to eliminate cancer defenses, may also carry stem cell and telomerase to stimulate telomere growth and local cell division.

In-vivo/ex-vivo membrane markers can attract/train immune cells/antibodies containing destructive/constructive supplements to specific dysfunctional/functional cells, as bio/chimo/enzymes/RNA to destroy/reactivate/fix dysfunctional/cancer/senescent/old cells. Full and/or partial inactivated bacteria and/or virus can be injected in cancerous cells, ex-vivo and/or in-vivo, to induce ex-vivo and/or in-vivo immune cells/antibodies to attack them at the site and generating immune memory/training/antigen to attack them all over the body and to be reinforced by auto vaccine (in-vivo antigen inducing/training antibodies and immune cells) and/or super vaccine (ex-vivo trained immune cells ant antibodies).

Intradermal micro-needle 3D printed patches can be added to mini-needle intramuscular self applied spring injection or manual injection by others, delivering +10 times more efficacy to immune cell rich skin, combine with point of contagion nasal spray and sublingual pill self-application will reduce cost and increase coverage of vaccination. Self testing for pathogen and antibody level can complement the Autovac kit. +95% vaccination coverage of humans and animals can eradicate virus/pathogens, avoiding higher viral loads and mutations created by

unvaccinated.

Covid/Flu virus advanced patient contagion/replication/mutation have a pattern to be of non-vaccinated, symptomatic drug users that end up in crowded emergency/infirmary increasing high viral load, followed by passive invasive respiration and life abandonment (aka “death”). Retail symptomatic drugs remove first line of defense (inflammation, pain, congestion and fever) and can be replaced by pre-sympthomathic low cost $1-2 pharmacy/on-line AutoVac Covid/Flu ex-vivo inactive virus/protein self ampoule spring injection, nasal spray and sub-lingual pill, covering +95% of population has sufficient antibody action at contagion point and body for +95% efficacy and post-symptomatic replaced by SuperVac Individual Universal Immunotherapy to raise antibodies.
Immune Cells, as Macrophages and Microglias (neuron protectors) don't only eliminate virus, bacteria, cancer, old/senescent cells or indirectly participate in cell regeneration, they also have evolved to start repairing cells as neuron/cardiac cells that have less regeneration turnover because of their function. Supplementation of these cells can speed up cell reparation and regeneration of heart/brain/spine, as when heart/brain electric stoppage (aka supposed "death") oxygen decrease damages cells.

Medical Dividend for medical compliance as vaccination, no substance abuse and Permanent Life protocol, G$10/day can include conditional dividend lump-sums of G$100,000 escrow deposit for medical organizations, doctors, relatives and patients, matched if available by US$100,000 in patient assets, for applying the Permanent Life Protocol or transferring the patient to a Mesistem controlled module, facility, hardware and/or software to preserve life. The dividend can be liberated and split 4 ways as reward when the patients recover their Systemic Life, generating increase of productivity that backs the G$ Globolsa.com currency emission and recovers control total/partial over his current assets.

Super-vaccine Individual Universal Immunotherapy cures by accelerating ex-vivo (outside body) the natural process that occurs in-vivo that may not have the speed, quantity and quality necessary to stop a pathogen. AutoVac, self/auto-vaccine ampoule spring injection, nasal spray and sub-lingual pill also prevents at point of contagion.

Genes have code for synthesis of RNA or protein. RNAs have functions or create proteins to perform functions. So genes can be inserted into a cell using a vector or the RNA or the protein can be directly inserted as a "vaccine" or "supplement" for regeneration of cells, tissue, organs and functions, as restoring vision for blind with light-sensitive proteins.

Auto vaccine ampoules with a bottom automatic spring injection (with a intramuscular and/or subcutaneous range or angle of insertion), plus a top nasal

spray, plus a solid ambient temperature preserving sublingual dissolving polymer-eatable-nutritional (as cellulose/alginates) to mobilize immune system immediately and mainly at point of contagion, at a frequency and coverage (target 100%) that will deliver the efficacy needed.

Heart-lung machine external oxygenation will generate abundance of oxygenation to 99,99% of living cells and regeneration of 0,01% lost, while external electrical continuity will eventually allow heart/brain electric autonomy to be restarted and adjusted w/ Defibrillator stimulus. Higher heat blood oxygenation will give higher white/red cell performance versus potential pathogens in advantage at the lower temperature tissue cells.

Internal higher temperature fever and inflammation is an immune system defense against pathogens that reduces their replicating efficiency and flushes them out of the body. External lower temperature makes immune system raise immune cell quantity supplementation to compensate lower efficiency relative to pathogens. If body not at rest, their is higher vulnerability, but if body at rest, this low temperature hibernation increases efficiency for regeneration/protection, since other cells consuming less resources. At +4 Celsius, oxygen consumption is 90% lower (50% less per 10 Celsius reduction), with immune cell, hydration, vitamin D, vaccination, glucose/nutrition, muscle/nerves energy electrodes (etc) supplementation, body can be protected and stimulated to regeneration, in case of Systemic Life failure, as a heart/brain electric failure (aka supposed "death" when in fact 99,99% of cells are alive/active).

In case heart/brain electric failure is not compensated externally to maintain oxygen supply to cells, low temperature hibernation can reduce oxygen consumption and protect cells, in addition to Immune cell supplementation. Permanent Life Protocol can be also enhanced by immune cells/molecules genetic/artificially engineered/enhanced to be full or higher functioning at lower temperatures, protecting the body against pathogens with higher relative efficiency at lower temperatures as virus, bacteria or cancer, in case of hibernation protocol to reduce oxygen/nutrients consumption. In case of vascular circulation general deficiency/obstruction, hibernation may be upgraded cellular to full deactivation to lower temperatures with the addition of cryopreservatives as trehalose (converted to/from glucose).

Close to 90% invasive respiration end up in life abandonment (aka death). Bubble/non-invasive (mouth, head, half/full body) respirators are sufficient. 45 angle back down resting, protect lungs from defensive congestion flow, flat belly down helps congested lungs clear.

Accelerated emergency development with open pre-vaccination Phase 3 with no placebos (damaging/illegal), mass distribution innovation as nasal/shot Self-

Vaccination and IUI/Super Vaccine for immediate cure. Inactive/vector virus vaccine with S spike protein produced ex-vivo with eggs, as Flu vaccine, is highly effective/safe with 100% vaccination and as nasal spray.
Nervous system non-neuronal glial cells provide support/protection for neurons but don't produce electrical impulses as neurons. Glial cells are part of the immune/regeneration cell system responding directly to brain injury. Glial cells genes increase activity during supposed "death" at supposed end of brain electrical activity, even after hours or days, trying to repair neurons.

IUI can support/accelerate glial cell regeneration/protection activity, instead of life abandonment (aka death) that decelerates it, with gradual depletion of resources as oxygen/glucose, leading to gradual cellular collapse and molecular/atomic dispersion into environment. Oxygen, glucose, electric and glial cell supplementation must protect/regenerate neuron cells from systemic dysfunction and improper life abandonment.
No need/right for euthanasia/suicide because of supposed terminal disease. IUI can protect/regenerate Systemic Life from virus, bacteria, toxin, cancer, aging. Permanent Life Protocol can protect/regenerate Cellular, Atomic/Molecular, Genetic/Informatic Life. So called "autoimmune" diseases usually have "unknown cause" (viral/genetic/cancer etc) that can also be managed by Individual Universal Immunotherapy.

"Autoimmune" disease that attack muscles can be managed with IUI strategies as replacing attacked cells (muscle cells) and/or attacker cells (immune cells) with compatible new stem cells, ex-vivo cultivated muscle/immune cells, including using Bio-Bot (nampt-macrophage) injury site seekers to haul muscle cells, in this case, to muscle injury site or lacking regenerating cells.

Nasal multi-viral nano-particle ex-vivo protein-peptide Self Vaccine could be mass produced at +10 billion units/year, with production sent directly to consumers and pharmacies. It would be a complete change of paradigm combined with IUI/Super Vaccine that would end the high cost/profit viral sympthomatic drugs industry, viral emergency pneumonia industry and the now expensive patented vaccine industry taken by the drug industry.

Specially when common vaccine are not yet available in necessary quantity, testing plus IUI immunotherapy Super Vaccine of contaminated can accelerate cure and immunization: extract blood small sample test than If contaminated, extract large sample and centrifuge to separate white immune cells/molecules to be exposed to virus and/or contaminated cells leading to antigen loaded/ready immune cells/molecules (antibodies), re-inject blood accelerating immune response timing to cure and immunity. Global Health Protocol with Annual Vaccination including MultiViral, blocks epidemics. Tracking, Lockdown, Isolation, Testing, Masking, Pre-Vaccination (open phase 3 no placebo) blocks pandemics.

Immune Cells, as specific Nampt-macrophages, deliver proteins (as NAMPT) to stimulate stem cell division for injury regeneration. They can be supplemented by IUI to accelerate this stimulus or they can be used as a BIO-BOT to carry telomerase (enzyme protein) to increase division capability of local cells increasing their division telomeres (end of DNA) and/or deliver ex-vivo cultured new stem cells to the injury/trauma/aging local accelerating regeneration.

Global Annual Multiviral 100% vaccination with ex-vivo spike protein, inactivated virus, artificial/synthetic (poly) peptides (sub-protein), including with self/easy applying intranasal, direct to consumers, pharmacies, employers can deny all hosts and end viruses.

Schools or any crowded organization should only opened with 100% vaccination. High viral load/mutation eventually break immune defenses. 100% Annual Global Multiviral Vaccination can end viruses, but nations w/ slowly/partially vaccinating "risk groups" can keep global spread. 100% population Global Annual Multiviral Vaccination deny hosts for virus contamination, replication, mutation. Higher/mutated viral loads threat vaccinated older "high-risk" and non-vaccinated younger "low risk" groups.

ICU/IUI can protect systemic/cellular lives allowing full regeneration. When vascular circulation is not possible, hibernation of hardware (cells) and software (DNA/memory) protects atomic, genetic, informatic lives until progression. Cellular Agriculture can mass produce animal cells. Cellular Medculture can mass-flex produce human cells with individual DNA for regeneration.

An epidemic turned pandemic vaccine emergency protocol must turn a Phase 3 non-placebo clinical trial in open voluntary to isolated or masked/tested citizens and mandatory to non-isolated non-tested citizens. Industry of viral symptomatic drugs followed by emergency pneumonia treatment propagates wrongful/failed theories of live virus herd immunity, high-risk only vaccination and inevitable viral mutation. Denying all hosts to replicate, mutate, contaminate will end viruses. It is more efficient for vaccination logistics cost/speed and protection of "risk groups" to vaccinate them with family members and/or work colleagues, reducing replication, mutation, contamination viral load around them. Organization should open after vaccination of its interacting members.

Vaccination and Life Preservation is a collective decision. There is no individual right not to vaccinate or preserve life. 100% multiviral vaccination leads to viral/pathogen extinction. IUI accelerates vaccine immunity and cures. Super Vaccine immunizes/cures immediately by concentrating, supplementing, testing, antigen loading immune cells ex-vivo/in-vitro (outside body) before in-vivo vascular (re)injection, against virus, bacteria, cancer, fungus, toxin, trauma, aging. Cellular Agriculture technology can be used for Customized Individual Genetic

Human Cellular Medculture for mass/flexible production for Immune, Stem Cell bank for Individual Universal Immunotherapy for vaccines for antigen loaded immune cells.

Mass producing human immune/stem/any cells ex-vivo, at low cost for instant delivery or to form preserved Cell Banks, replaces current medical paradigm for the Permanent Life paradigm, including mainly Individual Universal Immunotherapy to preserve Systemic Life. Animal/plant cell industrial cell production techniques (so called meat/wood lab industry) forming stacked sheets of stacked up cells in gel and/or 3D bio printing in hydrogel will eliminate current high cost, lab human intensive, monopoly/oligopoly/cartel abusive price gouging techniques. IUI can replace/supplement vaccines for immediate accelerated immunity/cure for virus, cancer, bacteria, fungus, toxins, trauma and aging.

After lab, animal, human testing (Phase 1,2), Phase 3 clinical trial with placebos (neutral substance leaving paid/desperate volunteer at risk) is unnecessary, expensive, manipulable, inefficient, damaging, illegal and must be replaced by a Compared Efficacy Open Testing: public unlimited volunteers receive vaccine, immunity compared with other vaccines and non-vaccinated. Vaccines mass producing inactivated/proteins/vectors/RNA pathogen outside body are safer, more efficient, specially if combined with IUI, since antigens may be fast loaded into immune cells outside the body delivering immediate immunity or cure to patients when re-injected into body and/or receiving cell supplementation.

Flu virus has killed 50 million in first pandemic waves in 1900s than another 50 million over 100 years after that because of lucrative industry of lack of full coverage vaccination, use of symptomatic drugs, crowded viral overload emergencies/infirmaries and kinetic lung damaging invasive excessive respirators. Covid-2 virus trials show low/high contrast of efficiency between low/high contamination areas/risk groups. Vaccine efficiency is proportional to coverage, and full coverage can deny hosts for replication/mutation ending epidemics/pandemics.

The best new vaccine technology is to produce proteins ex-vivo (spike protein for coronavirus covid-2), outside body, away from immune cells. In-vivo (inside human cells) may generate either less likely attack on virus producing cells (autoimmunity) or more likely not attacking virus since virus protein production is benign to cell, that will not signal with cytokines/chemokines to immune cells a dysfunction in cell because of viral protein production which the immune cells may or not interpret as originating from benign/malignant harmless/damaging virus (or bacteria/cancer/toxin).

New vaccines with methods to produce whole/partial viral/pathogen proteins ex-vivo (outside the body) from mRNA/Human cell or from Insect cells or from very specific artificial/synthetic protein design production, can generate antibody

response higher than traditional methods or in-vivo mRNA, which has medium to long term theoretical autoimmune or benign potential reactions that are empirically untested. Mass producing human or pathogen proteins outside the body is safer and more efficient, specially if combined with IUI, since antigens may be fast loaded into immune cells outside the body, delivering immediate immunity or cure to patients. Ex-vivo human hormone, enzyme, protein production can induce/accelerate cell production ex-vivo and/or in-vivo, including immune cells. The Human Body has around 100 trillion revolving cells made of around 8 octillion atoms that have been around for billions of years. Human cells can be replaced/regenerated/repaired/enhanced forever if immune IUI/cell enhanced system can efficiently clear/replace dysfunctional senescent/cancer/traumatized cells and eliminate aggressive virus/bacteria/toxin. Mass production of pluri/multi/unipotent cells can be achieved with ex-vivo/body quality control (avoiding cancer growth); genetic DNA/RNA modification or supplementation; telomerase supplementation (regrow telomeres to allow unlimited DNA cells division); cell/mitochondria wall repair; hydrogel scaffolding to replicate body ideal replication environment. Mass produced cells can be reintroduced by blood vascular system, 3D printed as organs/tissues and/or macro/mini/micro/nano surgery/catheter/bots.

IUI Immune cell and pluripotent stem cell supplementation can eliminate/replace all dysfunctional cells (senescent, benign/malignant cancer), complemented if quantity necessary by regrowth hormone, enzyme, protein, RNA, DNA supplementation, to enhance continuity of cell division (mitosis), with dysfunctional cell division needing to be suppressed by immune cell supplementation. Ideal is to scale up immune/cell bank production with pluripotent cell cloning and/or RNA/DNA genetic reprogramming. Immune Super Cells created with gene therapy, using DNA/RNA ex-vivo to edit/add genes to ID/eliminate pathogens, can be tested ex-vivo/outside body before going in-vivo/inside body. IUI accelerates immune response.
Regeneration with ex-vivo/body 3D printing with cell and/or enhanced Super Cell, using printer with hydrogel scaffolding to build organs and tissues implemented by macro/mini/micro surgery/catheter.

Regeneration with in-vivo/body hormone, enzime, protein, RNA/DNA supplementation for continuity of cell replication by division (size of telomeres/telomerase) or pluripotent stem cell production stimulation or supplementation; cell/supercell/stem cell/nanobot metallic marker with magnetic navigation; mini/micro/nano catheter/surgery. Regeneration with biochemical molecule signaling/stimulation for health/strength of mitochondria, nucleus and cell walls.

Ex/In-vivo immune cell supplementation/acceleration to clear dysfunctional cells (senescent, benign cancer or malignant cancer with damaging size/spread,

virus/bacteria/toxin continuous contamination), depend also on them being replaced, if not may generate tissue loss ("auto immune disease"). Cell cloning or genetic modified to be pluripotent (transformable in any type of cell when needed) or to be a specific cell, allows scaling cell production, limited by cell division limitation (50-54 times).

Defense and regeneration process participation are main functions of immune system. Aging reduces quantity of stem cells, reducing tissue renewal. Stem cell bank blood replenishing can reactivate tissue renewal. Telomeres/mitochondria renewal with telomerase enzyme (hormone induced or direct mRNA protein production) stimulate cell division of healthy or dysfunctional cells which need to be cleared by immune cells. At dysfunctional or trauma wound site, immune cells clear debris/dysfunction and secrete signaling molecules that induce adequate specific cell proliferation and differentiation programming essential for successful regeneration.

In epidemic/pandemic is best to VACCINATE ALL in area, city, region, country in order of highest to lowest contamination with no inter-travel until all vaccinated in both. VACCINATE ALL IN SELECTED HIGH CONTAMINATION AREA better, since flu virus long term pandemic shows that high risk group selection keeps their exposure to high viral load replication and mutation from low risk non vaccinated hosts. Emergency vaccination with known technology is decision of government, not of private supplier. It should be used based on epidemic control loss (failure to use tracking, lock-down, isolation, testing, masking) to avoid pandemic (99% chance vaccine approval x 99% +1 million life loss if not vaccinated). Virus continuous propagation/mutation happens because of failure to vaccinate EARLY ALL potential hosts (covid inactive/vector virus vaccine should have been deployed April/May of 2020 at end/beginning of phase 2/3 clinical trials).

Global Mandatory Annual Inactive/Vector Multiviral Vaccine can eradicate covid, flu, all virus, denying hosts for replication/mutation/dissemination, bankrupting virus symptomatic drug industry, main cause of virus lung spread to become life threat pneumonia.

Vaccine, Inactive/Vector Virus Vaccine, Inactive/Vector Corona-Virus Vaccine, Inactive/Vector Corona-Virus Covid 1 Vaccine are all known/tested/used technologies. Covid 2 Vaccine was lab tested, animal tested, small/large group human tested since may 2020 and could have saved since then +1 million lives. 10/15 times higher price not-emergency new technology mRNA in-vivo vaccine approved, while known technology inactive/vector vaccines should have been since may 2020 by government request.

Inactive/Vector multi-viral vaccines can be 100% effective if 100% of potential hosts are vaccinated denying viral potential replication/mutation (including

wild/farm/domestic animals). mRna-in-vivo vaccines have potential auto-immunity/no-immunity reaction from using own cells to produce viral proteins. IUI can process, concentrate, supplement immune system to accelerate virus/cancer cure/immunity, also allowing hormonal/enzyme supplementation to increase cell telomeres allowing unlimited regeneration and life extension, without risk of cancer. Any new vaccine can immediately be used ex-vivo/body with IUI before re-injecting blood in-vivo with ex-vivo results confirmed. Inactive/vector multi-viral annual vaccination and/or IUI for complete eradication must be MANDATORY. Non-vaccinated/non-IUI host, replicate, mutate, raise viral load in air and re-spread virus.

No long pre-testing and mass production vaccine needed with mobile/direct AI Individual Universal Immunotherapy Machine, installed in a Water Battery AI OmniCar, accelerating cure/immunity for virus, bacteria, toxin, cancer, trauma and aging. Placebo clinical trials are expensive, easy to manipulate, damaging, illegal big-gov financed by big-pharma process. Cheaper, non-damaging, legal, difficult to manipulate is comparing efficiency in receiving against total future recipient population. In the case of a mRNA in-vivo vaccine, 195 contamination cases of which 185 were placebo (neutral vaccine recipients), including 30 severe cases, 1 death (technology originally conceived to be ex-vivo for security was changed to in-vivo to raise profit margin and achieve higher short term immunity, but with higher long term no-immunity/auto-immunity collateral effect risks, still untested). All these human beings should have been vaccinated before with known/tested inactive/vector virus vaccine technology, with efficiency compared with to-be-vaccinated.

Mass-Testing Total Population Coverage Prevention with Walk-In, Pick-Up, Delivery including Mail-in Home-Kit (finger blood drop, saliva etc) will more than pay for itself and allow direct efficient service/product treatments as Individual Universal Immunotherapy for accelerated cure and immunization. IUI Machine preserves Systemic Life, processing, supplementing blood, cell banks, curing/immunizing virus, bacteria, toxins, cancer, trauma and aging, even after cardiac-respiratory/brain electric failure (aka "death"), allowing recovery with general circulation, or if obstructed, segmented. Contrary to common sense artificial circulation can maintain alive cells in separated legs, arms, trunk and head for future reattachment, including nano/micro nerve/capillary/muscle reconnection.

Individual Universal Immunotherapy allows any or multiple vaccines to be immediately tested and accelerated outside body, in centrifuged blood white cell concentrate or cultured cell bank, before returning blood for cure/immunity. Inactive/vector/protein virus inserted ex-vivo/body, in blood centrifuged white cell concentrate, accelerates antigen identity and loading to cure/immunize.
When tracking, lock-down, quarantine at epidemic origin and new regions is breached, turning epidemic into pandemic, it's necessary general isolation with

IMMEDIATE testing/masking/vaccination of all non-isolated, with tested/known technology vaccines, as inactive/vector virus vaccines (even at phase 2 or 3 in clinical trials for the specific pathogen).

In a pandemic, it is ALWAYS advantageous for non-isolated citizens, exposed to live replicating and mutating virus, to be exposed to inactive/vector virus vaccine. mRNA in-vivo vaccines need to change back to ex-vivo, producing intra-cellular viral proteins separated, before presenting them to immune cells, using IUI, avoiding risk of developing short/long term auto-immunity (when exposed to higher live viral loads) or no-immunity (when exposed to no or lower live viral loads), since healthy cells may be identified as contaminated or viral protein as benign. Inactive/Vector virus vaccine lower dose higher efficiency during a pandemic as opposed to a higher dose, may occur because of pandemic immune overload with live virus, with the opposite occurring in preventive non-pandemic scenarios.

Life abandonment (aka deaths) from exposure to active covid-19 virus: +1.5 million ; Life abandonment from voluntary exposure to vaccines: Zero. Lives saved if non isolated had/are vaccinated:+1 million. Different vaccine risk profiles need different levels of testing: Inactive virus (low), viral vector (mid) and mRNA (high) vaccines. Inactive virus vaccine is a known, long term tested technology and should be deployed immediately for non-isolated in a viral airborne pandemia as Covid-19. Viral vector vaccines have a mid-level testing track record. New mRNA technology has highest need of testing specially long term (lowest potential cost, not necessarily lowest price, given patent system and institutionalized but illegal monopoly abuse, given damages/anti-trust laws).

Voluntary/mandatory inactive/vector viral vaccines for non-isolated are safer than active virus exposure and even safer with use of IUI. Modified mRNA direct in vivo/body vaccine for cells to produce covid-19 spike protein, to then immediately recognize it as an intruder/threat, has potential problems. Immune system could learn cell/infected or protein/benign. This current delivery system of mRNA vaccines is risky, theoretical flawed, empirically long term untested, unnecessary (there inactive/vector vaccines).

Ex-vivo delivery of proteins from cells to re-inject immune cells has same problem. They can be fixed using mRNA to inactive pathogen protein cell harvest ex-vivo/body (outside) to introduce in vivo/body (inside) or even better ex-vivo/in-vitro to blood immune cell concentrate (IUI).

Individual Universal Immunotherapy allows Technician and/or automated Artificial Intelligence to accelerate immune antigen extraction response by concentrating immune cells/molecules against pathogen and other strategies until safe immunity/cure is achieved w/ individual safer results. 1 Million covid + 100

Million flu life abandonment = protocol inefficiency. Vaccines could/can be roll out starting w/ non-isolated or w/ IUI.
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Mainstream medical viral protocols resulted in 1 million Life abandonment for Covid-19, 100 million for Flu since the pandemic of early 20th century. It's necessary mandatory annual global multiviral vaccination (not only so called subjective risk groups that depend on the viral load absorbed), isolation of all infected, block use of symptomatic drugs and use of Individual Universal Immunotherapy: accelerate learning timing and risk exposure reduction of Immune system achieving cure/immunity in vitro/lab to in vivo/body using blood concentrate with immune cells/molecules against virus, bacteria, cancer, toxin, trauma and aging.

Individual Universal Immunotherapy can accelerate immune response to trauma, concentrating platelet at hemorrhage and aging, raising telomerase enzyme for healthy cell regrowth and/or using messenger RNA to express reprogramming factors. Enhancement of speed, strength, area coverage and immune functionality of platelets via a SuperCell and/or NanoBot is crucial to eliminate possibility of general hemorrhage or infection. This would be the main reason for the need to hibernation regression of Systemic/Cellular Life to deactivated cell Atomic/Molecular Life and the need for porous circulation in Permanent Life Protocol. Just like new oil to a motor, new/filtered/supplemented/enhanced healthier blood (cells, molecules and plasma) can have an enhancing performance

effect in the whole body system.

Ultra-low cost Global Health Insurance from 1 to 5% of +US$20Trillion Global Exports for all near 8 billion Humans with mobile/home treatment, microscopy/microfluid computerized diagnostics, nutrition management/ supplementation, micro/nano robotic low invasive surgery, Individual Universal Immunotherapy, enzyme/hormonal supplementation, physical/mental/electrical activity, defensive cellular hibernation equipment and external/internal temporary/permanent artificial organ replacement. Ambulance/Mobile Clinic with Permanent Life Module with Intensive Care Unit and Individual Universal Immunotherapy.

Individual Universal Immunotherapy (IUI) is an accelerated natural supplementation process to eliminate immediately all disease pathogens. Nutrition, hydration, temperature, rest and ideal posture favor the efficiency of the immune system. Internal vaccines can be complemented by nanoparticle spray/cream external vaccines with viral, bacterial, cancer proteins that can induce the immune system at the site of contagion.

The ideal resting posture is around 20-40 degrees of inclination of the bed or post-hip upper body so that defensive immune fluids can drain pathogens, especially from the airway, instead of puddling and spreading them in a traditional posture horizontal rest (respiratory viruses such as influenza and coronavirus, including covid-19). But if there is initial contamination, generating a small accumulation of defensive fluids in the lung, these can be relieved / drained by expanding/opening the chest through several deep breaths followed by forced coughing. Once the lung is significantly contaminated (pneumonia) the most advantageous posture is to be placed on your stomach to drain defensive fluids out of the lung.

Production of excessive defensive fluids, generating super inflammation/congestion/pain, are usually the result of self-medication with symptomatic anti-pain, anti-inflammatory and anti-congestion drugs (avoiding/postponing ideal conditions for the immune system, such as rest, posture, nutrition, hydration and ideal temperature), aggravating infection and symptoms. This is what usually happens in severe complications of viral infections (such as pneumonia of influenza / covid-19 etc.), especially in pandemics, in addition to the high viral load associated with the traditional protocol of centralizing contaminated, small distance between them, poor/collective ventilation and early intubation (in general to try to protect the medical staff and other patients), when the ideal is only the aid with low cost portable oxygen masks, preferably supplied to the patient's home.

Use of symptomatic drugs (pain/congestion) and high dosages of exposure to pathogens (as in overcrowded emergencies/infirmaries, as in the viral pandemic

cases of influenza/covid-19) reduces reaction efficiency of immune system, increasing requirement for supplementation, that may be provided in real time or by previous stock of an Individualized Cell Bank. Mass produced home isolation-bubble-bed-ventilator-monitor and remote assistance should expand individual care, avoiding expensive dangerous collective centralized high exposure to stress/virus/bacteria/fungus in congested hospitals.

Idea of circulating live virus to achieve "herd immunity" is inefficient, damaging and illegal (eugenic genocide), since even number of "deaths" (aka Life abandonment) are predictable and it would be less damaging to circulate immediately untested neutralized virus vaccine. In a pandemic re-circulation can be achieved with vest/mask/washing protection, testing to form a closed uncontaminated group and/or Individual Universal Immunotherapy.
Ideal is the formation of a collective macro and/or home micro individual bank of fluids, DNA, gametes, embryos, tissues and cells, especially stem and immunological cells. Preventive vaccines, drugs and other post symptomatic treatments may not work fast enough for many patients that end up being abandoned for supposed "death" after electric heart/brain dysfunction. Global governments can stock/acquire/distribute to all citizens billions of mass produced low cost Environment Hazard Permanent Vests and Masks, against viral, bacterial, radioactive, chemical, pollutants exposure to generate national security, safe work protocol and social-economic confidence.

Natural therapeutic vaccines (Immunotherapy) and stem cell regeneration has the best cost benefit for mass universal disease cure and live extension, including in vitro corrective signaling natural substances and processes to avoid immune evasion of virus, bacteria and cancer, to then trigger immune action, to neutralize pathogen and obtain antigen information to spread to other immune cells in vitro, to then reintroduce cells in body, to spread antigen and immune action further, to finally neutralize pathogen in body.

Stem and Immune cell bank is an universal paradigm for treatment for virus, bacteria, cancer, trauma, aging or any dysfunction in the human body. Cost, timing and bureaucratic barriers are usually used as excuse and promise of future use, but can actually be used now. Preventive vaccines can supply, by natural known public technology, information (virus/ bacteria/ cancer antigen) to immune cells.

Therapeutic vaccines can provide immune cells already informed and/or ready to attack. Cell/tissue damage natural regeneration can be supplemented by introducing new stem/tissue cells. Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any virus, bacteria, cancer or injury to cells and tissues.

Cultured defensive cells/molecules, in vitro to in vivo, can increase immune efficiency and acceleration adding to the pathogen or vaccine in lab blood extract first, so that the antigen may be identified and spread, then injected into the body. Plasma antidote serum of anti-bodies from horses can increase scale and speed of production of antibodies. Genetically enhanced defensive cells, can overcome natural selection evolution of defensive mutations of pathogens. Regeneration can be improved with better identification and elimination of senescent cells, stimulating and opening space for new healthy cells; as long as growth hormones/enzymes as telomerase, DNA telomere growth enzyme, is also at adequate levels, allowing the endings of DNAs to keep adequate size to avoid error in cell split mitosis/meiosis. Platelets and other repair molecules/proteins/enzymes can be added to improve/accelerate trauma repair.
Abusive monopolist pharmaceutical trust companies want to transform this enhanced natural process into an artificial "patented drug" to then abuse monopoly power (abusive price and corrupting political contributions that affect regulation and non-independent judiciary appointments neutralizing anti-trust laws) to offer unregulated, expensive and low efficiency solutions (total cure leads to unwanted price regulation and lower short term profits). This damaging/illegal strategy can eliminate not only long term profits but the management and/or enterprises.

LOWEST COST AND HIGHEST PERFORMANCE HEALTH DEFENSE SUPPLEMENTATION SYSTEM are Immune Cells of an Individual (same DNA), such as Attack/Inform (antigen presenting) Macrophages (M-cells), T-cells (Helper/Killer), B-cells (Antibodies/Cytokines), Inform only Dendritic Cells (D-cells) and/or repair/regenerate Neutrophils (N-Cells) and/or all that remove/repair senescent/dysfunctional cells against aging, present in extracted blood/fluids from patient, replicated, exo/lab exposed to antigen (virus, bacteria or cancer) in highly advantageous ratios (as opposed to endo/body disadvantageous ratios leading to disease symptoms), then reintroduced in body to create higher advantage.

Any disease (low ratio in body)= Immune cell+Antigen informed immune cell + Antigen attack ready immune cell / pathogen < Cure (higher ratio in vitro/lab then transferred back into body). Corrective natural defense signaling substances/molecules, such as extra/intra cellular immunoglobin (antibodies), nucleotides, caspases, interferons, mRNAs, phosphoethanolamine (involved in cell membrane structuring and inducing immune system caspase signaling at the membrane) and exogenous biological, chemical or mechanic help processes, as simple as piercing the infected/dysfunctional cell or nucleus membrane (to expose pathogen, induce cell alarm, trigger immune cell action and antigen identification), can counter attack the immune evasion natural selection mutations of virus, bacteria and cancer.

Antigen loaded antibodies and other defensive molecules could also be harvested from cured/convalescent patients blood/plasma, although the ideal is to harvest

directly from treated patient, unless as a last resort to identify pathogen and load antigens (white cells from donors may present auto immune healthy cell attack collateral effects). Antibodies, other defensive molecules and white cells should be concentrated in vitro first at higher ratio against the pathogen to then be transferred back to body, where there is lower ratio (cell culture and cell banks would improve even more efficiency of treatment). Another strategy is to increase neutralized/disabled pathogen as a real time vaccine.

Another resource is corrective or innovative genetic selection/engineering and bio-cybernetic nanotechnology to create immunological supercells/molecules for information/attack or supercells/molecules that are immune to pathogens. Original/new immunological cells/molecules can also be used to locate, inform and/or destroy pathogens using antigens (as for example PSMA, Prostate Specific Membrane Antigen molecule), chemicals (as phosphoethanolamine) or quantic waves (as photonic PET/CT scans, lasers, ultrasounds etc).

Original/new immune cells/molecules can be loaded/marked (nano-cyber-bio-chemo-radio-thermal) to assist in locating/eliminating the pathogens. These can be preventively detected in the blood by many signs such as from damaged white blood cells, elevated levels of certain proteins/molecules, DNA from pathogens, cfDNA (Cell Free DNA) methylation patterns, mutated genes, platelet RNA profiles etc.

Observed in vitro staged battle, between the pathogen and immune cells, leads them to identify the antigen of the pathogen. Antigen informed immune cells in vitro will seek to inform attack cells in body. Antigen already informed attack cells in vitro, will seek to destroy the pathogen in body. It's about staging a battle in vitro (lab) to win the war in the body. Signaling substances and processes may be also taken in body, specially to known concentrations of pathogen, using mini/micro/nano catheter/surgery/robot.

This is a simple endo/exo natural replicating process, that can be carried out regardless of identifying/isolating the antigen or using foreign cells/substances with high potential known/unknown collateral effects. It simply turns an internal losing situation, to an external winning situation, to then turn the internal situation around by reintroducing reinforcements with no or minimal potential collateral effect. No expensive, specific, long clinical trials, patents, barriers of entry, monopoly abuses are necessary. It accelerates the learning curve of an already over a billion year old naturally developed defense system, now enhanced by low cost, high performance systems.

Stem cells and full Individual multi tissue cell lines can be used to supplement/accelerate natural immune cell processes of regeneration. Cells, tissues and/or organs can introduces by nano/micro/mini catheters/surgery/cyber-bio-bots,

to regenerate damage caused by virus, bacteria, cancer, trauma or any body dysfunctional process, allowing unlimited protection and extension of Systemic Life, complemented by process/protocol that can also protect Cellular, Atomic, Genetic and Informatic Life levels in the paradigm/protocol of Permanent Life. Individual Universal Immunotherapy (IUI) can eliminate virus, bacteria, cancer, toxin, aging and trauma at the lowest cost and highest performance in the healthcare industry. It could be applied for example to the covid-19 coronavirus, immediately using the infected patient's blood. Blood extraction with pathogen, infected cell and white cells. Additional extractions, with centrifuge separating white cells (added to the first extraction), red cells (oxygenated) and plasma (add nutrition/supplements).

Concentration of diversified or specific white cells in the first extraction will generate identification, extraction and replication of the antigen, with/without the aid of additional intracellular substances/molecules and/or exogenous mechanical intervention, such as piercing of the cell and/or nuclear membrane to expose the pathogen to the cells or any strategy that facilitates/accelerates the identification of the pathogen/antigen and spread of information to other white cells. Once the white cells are informed and/or ready to attack the pathogen, they are reintroduced in patient along with oxygenated red cells and nurtured/supplemented plasma.
This continuous process will accelerate the patient's recovery, preventing his progress to a severe condition and eventually will immunize him. It is possible to develop hardware/software that automates this continuous process. The existence of a Bank of Immune Cells a priori for all citizens, facilitates and accelerates this process. Even when a ventilator/lung (and/or heart) is not enough, external oxygenation of red cells (oxygenator or heart-lung machine), more antigenization of white cells, more nutrition/plasma supplementation keeps the patient alive and improving.

5)EXOSUIT

Exosuit is a medical/aerospace/ocean Permanent Life support system, that can be complemented by Minilab add-on of back/legs/arms/head support, allowing survival beyond normal average human physical conditions.

Modular components of Exosuit include an Exoskeleton to replace/enhance muscle/bone function and allow gravitational swing circulatory replacement/enhancement; internal segmented Aqua-Aerobags for high/low pressure protection, circulatory replacement/enhancement and temperature control; Electrodes for neuro-muscular electric stimulus; vacuum-sealed mouth
Aero Valve allows air/oxygen supplement and lung/heart contraction/expansion enhancement.

Minilab medical/aerospace/ocean Permanent Life support system, that can be complemented by Exosuit, are back/legs/arms/head support boxes, allowing survival beyond normal average human physical conditions.

Modular components of the Minilab include Mini Laboratory (micro fluid analysis as blood, saliva and urine); Mini Immunity (direct/indirect vaccines and cell nano markers); Mini Nutrition (blood oxygen, glucose and hormones); Mini Filtration (blood filtration); Mini Screen (direct interaction with information database and doctors); Mini Imaging (ultrasound/magnetic resonance image: bones, muscles and tissues), Mini Probe (blood-vessel or inter-cellular nano catheter/robot diagnostic and treatment).

6)SUPERSKIN

Skin is largest organ of Human body, exo-intra-skin entry exo-supplements and age appearance exo-model. Modular Super-Skin, skin, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots. Human mRNAs can produce collagen, antibodies and other proteins in-vivo/ex-vivo. Skin cells can be revoked/replaced/replicated/ reformed/repaired in-vivo/ex-vivo.

SUPERSKIN is a bio/cyber/bio-cyber ex-vivo/in-vivo supplement/protection, temperature conditioned, aero-graphene scaffold, cell-culture suit for temperature, radiation, aging, cancer, virus, bacteria, fungus, trauma, toxin and parasite elimination. Immediate aging reduction to 25 year and +2 for -1 year gradual immuno-regeneration ex-vivo/in-vivo supplementation for revoking/replacing unhealthy cells to then replicate/repair/reform healthy cells for regeneration.

SuperSkin from solid application and/or liquid immersion for anti-aging/anti-trauma Human regeneration, analog bio-cyber Neurobots, digital cyber Avatarbots, with graphene 2D/3D (sponge/scaffold), hydrogel, collagen, human dermal fibroblast cells, human epidermal keratinocyte cells, sweat glands/pours, hair follicles, sensory neurons and DNA modified/bio-chemical infusion SuperCells.

Skin is largest, less invasive organ to deliver external natural regeneration to compensate internal natural decline because of obsolete evolutionary circumstance. Nano/Micro Antigens, Antibodies, Hormones, Collagen, Nutrients can be mass low cost delivered to Body via Skin, including from a macro molecule to a nano/micro and back to macro once inside (triple helix fibril peptide/aminoacid +vitamins/ minerals) or from a nano/micro delivery system.

SuperSkin with bio ex-vivo/in-vivo regeneration/supplementation, genetic/bio-chemical infusion improvement super skin cell and/or external bio-chemical artificial full skin or internal skin cell supplementation. SuperSkin is a higher-tech

evolution of Exosuit looking like natural human skin. Protects the skin, eliminates aging, controls temperature and enhances circulation.

SuperSkin/SuperCell with genetic reversing back to stem cell than forward to functional cell, back to younger cell preserving its function before converting to stem cell and/or extending DNA telomeres to continue mitosis division via hormones/enzymes/telomerase.
Reduces functional circulatory, temperature control and structural enhancement components of mini Exosuit into micro structures to make it as thin as possible.
Eliminates completely aging appearance, enhances skin esthetics, resistance to fire/cutting/smashing/UV and muscle/bone strength/action performance.
SuperSkin is a complete human body supplement skin suit that eliminates age appearance and provides beauty/strength appearance (esthetic function).

Allows temperature control (high/low temperature heat/cold exterior endurance and interior temperature cell protection), nutrition, electric, immune, hormonal, muscle and circulation supplementation (bio-structure function).

SuperSkin can be made of quantic and/or molecular porous Graphene (outer layer) and Hydrogel (inner layer), embedded with nano/micro electronics, artificial nerve electric wiring, artificial vase/capillary fluid channels, artificial muscle contraction fibers and micro-bone carbon fiber structure.
Micro/nanorobot probes can circulate freely or be guided inside SuperSkin and/or natural body, to function directly as a visual/censorial immune system for defense/repair, and/or as a nano/micro visual/censorial probe/catheter surgery system.

Electronic, Photonic, Gravitonic BioQuantic Connecter can connect biocells (neuronic, muscular, audiovisual etc), SuperCells (artificial bio-genetic-cyber multi enhanced cells), NanoRobots to SuperSkin and exterior multi-function hardware/software as Artificial Intelligence and Quantic Source.

Access to cells to fix, replace, divide, stimulate and/or supplement:
1) Skin System micro-needles/catheters/cremes via inter-cellular space/pores.
2) Vascular System mini/micro-catheters via capillaries,arteries,veins,lymph vases.
3) Digestive System mini-micro catheters, solid/liquid nutrition.
4) Respiratory System mini-micro catheters, gases.

Skin is easiest to reach and regenerate cells and structural components.
Creams, patches, micro-needles, micro-catheters via inter-cellular space/pores can regenerate, fix, replace, divide, stimulate, supplement, improve to Super Skin.
Biodegradable cream getting harden/flex/porous on contact with entire body used as scaffold for seeding skin cells cultivated ex-vivo. Skin patch with micro-needles delivering nano exosomes/molecules, micro cells/molecules to

epidermis/dermis/capillaries.

BCS: Bio/Cyber/BioCyber SuperSkin, for Humans (regeneration, protection and/or supplementation), Abots (Avatar cyber digital robot-vehicle), Nbots (Neuro bio-cyber analog doctor-robot-donor).

DBS: 3D-Bio-Suit: scaffold, growing medium, for fibroblast/keratin/endothelial/immune cells and collagen. Cover defects/folds/wrinkles and/or supplement/fix internal skin/muscle cells/collagen. Supercells with genetic improvements, advantages, cyber add-on, graphene scaffold.

MNS: Micro-Needle-Suit. accelerated regeneration of current old skin introducing homogeneously/simultaneously in whole body, via micro-needles, new fibroblast/keratin/endothelial/immune cells and collagen.

MIC: Micro-Injection-Catheter, Muscle Satellite Stem Cells, Fibro/Adipogenic Progenitors (FAPs) Injection, deeper endothelial dermal cells can accelerate skin/muscle regeneration, combined with exercise, nutrition, protein/cytokine/hormone/enzyme/mRNA stimulus/growth factors.

MLT: Micro-Testing-Laboratory, Micro-Lab, Cell Phone Microscope, using reacting strips to place micro-fluids, as skin-blood/sweat, saliva, urine, to be examined via a Microscope, using cell phone microscopy video camera attachment, sending images for Artificial Intelligence computer analysis.

MESCOPE: Cell-Phone Medical-Cell-Micro-Nanoscope, Micro-Lab, Micro-Testing-Laboratory, using reacting strips to place micro-fluids, as skin extract blood/sweat, saliva, urine, to be examined via a Micro-nano-scope, using cell phone video camera attachment, sending images to Human Artificial Intelligence, for enhancement and computerized analysis.

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo skin, ex-vivo bio Super-Skin, hybrid biocell+carbon-graphene-scaffold Super-Skin.

Super-Skin Graphene-Hydrogel, Super-Skin-Collagen, Cell-Culture-Scaffold, Super-Bone Graphene-Aerogel, Super-Bone-Marrow, Cell-Culture-Scaffold form the structure of modular member of C-Life/Cbot (Cubebot), O-Life/Obot (Omnibot), A-Life/Abot (Avatarbot) and Nlife/Nbot (Neurobot).

Modular Super-Skin, skin, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots.

Skin is largest organ of Human body, its exo-intra-skin entry exo-supplements and age appearance exo-model.

Permanent-Life-Tech.
Super-Skin-Suits-Regeneration.
Skin-Nano-Micro-Vascular-Gateways.
Skin-Micro-Mini-Macro-Organ-Gateways.
Ex-Vivo-Customized-Scaffold-Lab-Cell-Growth.
In-Vivo-Customized-Microneedle-Patch-Growth.

Super-Skin-Full-Body-Suit-Patch.
Skin-Patches-Nasal-Sprays-Sub-Lingual-Pills.
Nano-Exosomes-Antigens-Antibodies-mRNAs.
Skin-Largest-Organ-Nano-Direct-Access-Regeneration.
MRNAs-Collagen-Glycoproteins-Enzymes-Supplements.

Aero-Hydro-Graphene-Cell-Culture-Scaffold.
CBM-Cell-Bank-Medculture-C-Life-Cubic-Cell-Culture.
Antibodies-Antigens-Immune-Stem-Stromal-Somatic-Cells.
Super-Bone-Graphene-Aerogel-Super-Skin-Graphene-Hydrogel.

7)SUPERCELL

Supercells are unlimited performance forever cells using bio-chemical, natural, cellular/genetic infused/improved and/or cyber-quantic artificial informatic electronic-photonic-gravitonic matter-energy systems. Mitochondria (cell power station) can be infused, telomeres (chromosome caps) extended with hormones or telomerase enzyme supplementation, cell membrane reinforced with trehalose to endure high/low temperatures. Tardigrade trehalose/proteins are proven in nature to protect cells from high/low hydration, oxygenation, pressure, radiation, temperature and can be used by humans to protect their cells in similar conditions by supplementation, genetic engineering and/or as flash/dry-freeze hibernation protocol.

Supercells can be made resistant to pathogens, virus, bacteria, cancer (dysfunctional replicating cell), fungus, toxin, trauma, senescence, at DNA, RNA, membrane, organelle, intra/inter cell levels with several permanent strategies developed temporarily as Individual Universal Immunotherapy.
These and other Supercell improvements can also be reprogrammed in the genetic code. Cyber-quantic Supercell improvements can take photonic energy directly from sun, replacing/supplementing glucose+oxygen energy at mitochondria. Sponge like scaffolds, for cell production as an artificial bone marrow micro-factory, can produce super immune cells in/ex-vivo.

Super Cells can be produced ex-vivo or in-vivo by genetic engineering and/or bio-chimo infusion on in-vivo cells, gametes, embryos, stems, cloned and/or cultured cells. IVSC In-Vivo Super-Cells can be produced by sending new genes via electric focused devices as nano/micro needles, robots, patches, skins, chips, catheters to become multi-cellular structures, blood vessels, nerves and/or organs, supplementing/changing natural regeneration decline to become permanent. SuperCell with genetic reversing back to stem cell than forward to functional cell, back to younger cell preserving its function before converting to stem cell and/or extending DNA telomeres to continue mitosis division via hormones/enzymes/telomerase.

Immune Super Cell (ISC) are ex-vivo/in-vivo trained/improved immune system cells/proteins using human/foreign genetics, antigens, chemicals, proteins/enzymes, stem cells to eliminate virus, bacteria, cancer/senescent/dysfunctional cells, aging, trauma.

ISC can locate and directly or indirectly eliminate/fix/regenerate cells sustaining Permanent Life forever. ISCs cultivated ex-vivo packed with cancer antigen, reinforced by chemical to eliminate cancer defenses, may also carry stem cell and telomerase to stimulate telomere growth and local cell division.

SuperCell/NanoLab is a nano evolution of Module/MacroLab, Exosuit/MiniLab, SuperSkin/Microlab and Natural Biological Cell, consisting of super bio-nanobots and/or genetic engineered stem cells, forming tissues/limbs/organs, capable of performing/improving all the functions of Macro/Mini/Microlab-BioCell and potentially of all human biological cells/tissues/organs.

Natural evolution is the result of environment circumstances and competition with other species, not necessarily the lowest cost and highest performance technology possible. SuperCells could for example get energy directly from the sun or any other direct external source. SuperCells could be the primary component of a super skin, substituting, complementing or upgrading the natural skin.

SuperCells can be a replacement, alternative or supplement to regeneration stimulus of natural cells and/or bio DNA identical stem cells. SuperCells could eliminate cancer cells, virus and/or bacteria and replace damages structurally and functionally at a lower cost and higher performance level.

Supercells can be used with or without current cells or new stem cells to build tissues, limbs and/or organs, directly at the body or out of the body for later attachment or insertion. Supercells can have superior or new cell characteristics as strength, flexibility, sensitivity, connectivity, and even audiovisual capacity.

Supercells can be genetically engineered from embryo/stem cells to, for example, convert glucose to trehalose, with a glucase enzyme produced by an RNA instruction, from DNA code copied from the Tardigrade, the most resistant animal known, capable of enduring +/- 100 Celsius, dehydration or cryofreezing, to protect cells with a rubber consistency to cell membranes.

After danger/threat/induced hibernation, trehalase, already human produced in intestine cells, can convert back trehalose to glucose. Macro/Micro lab can inject trehalose/trehalase into circulatory fluid to protect cells in case of regression to Atomic Life following the Permanent Life Protocol in case of general hemorrhage, cancer or bacterial/viral infection, stopping vascular circulation and mandating addition of porous circulation by the way of cryofreezing/dehydration.

Individual Universal Immunotherapy can accelerate immune response to trauma, concentrating platelet at hemorrhage and aging, raising telomerase enzyme for healthy cell regrowth and/or using messenger RNA to express reprogramming factors. Enhancement of speed, strength, area coverage and immune functionality of platelets via a SuperCell and/or NanoBot is crucial to eliminate possibility of general hemorrhage or infection. This would be the main reason for the need to hibernation regression of Systemic/Cellular Life to deactivated cell Atomic/Molecular Life and the need for porous circulation in Permanent Life Protocol. Just like new oil to a motor, new/filtered/supplemented/enhanced healthier blood (cells, molecules and plasma) can have an enhancing performance effect in the whole body system.

8) SUPERCART

Cartilage supposedly does not grow in adults (as supposedly cardiac or neuron cells), according to traditional medicine, but in fact they all have low growth if stimulated, that in the case of cartilage, with continuous attrition it's not able to regenerate significantly or at all. However if significantly replacing walking for biking for example, meniscus cartilage from knee for example may regenerate partially over many years, combining with muscle strengthening to reduce pressure at articulation.

Supercart is a super cartilage system for a significant rapid regrowth, regeneration, strengthening of cartilage by combining a protection bio-glass (polymer/silica that recombines/regenerates/self-heals after stress) and/or strong/elastic hydrogel with clay/carbon nanoparticle, for a biocompatible porous structure/scaffold, both 3D printable, that can also permit natural regrowth and/or additional implanted lab grown cultured cells (extracted from internal nose) and/or stem cells between the structure.

9) NEUROTRON

NEUROTRON, is a Bio-cyber-net, intra-extra Human network, Human Artificial Intelligence, electronic-quantic system to repair, assist and expand the human neural system, including enhancement with accessory multi quantum processing (electronic- photonic- gravitonic) HAI Human Artificial Intelligence, silicon/metallic chip and/or bio/bio-cyber chip based, as neuro chips, neuro computers, neuro networks and neuro robots, based on human neurons and/or neuron Supercells (genetic and/or bio-chimo infused improvements). Neurotron combines digital programmed AI Artificial Intelligence and analog creative Human Intelligence to form HAI Human Artificial Intelligence.

Cell Bank Medculture bioreactor follows Human paradigm, with vases, scaffolds, dynamic cell interaction, photo-electric stimulus, ultimately reaching body format of Nbot biomodules attached to Abot exoskeleton. Human cell development in inefficient petri dishes or improving to bioreactors doesn't match natural Human bio-system. Abot-Nbot modular-vascular bio-cyber scaffold-substrates, thin-vases and circulating-blood similar to Human body.

Methods of knowledge, Human Software, used by Neural Networks, Human Hardware, include multi-variable real-time-space multinary/analog Intuition (past-present), Creation (future) and 1-2 variables binary/digital thinking/communication/action Reason (relative truth), Religion (absolute truth), Emotion (cathartic method-contradiction resolution).

VASOTRON, is a vascular cyber-photo-electric network, supplemental to bio neurological network, including electric-photonic e-lines/e-stencers (vascular catheter stretch cylinder), E-STEN, capable of receiving, transmitting signals to close neurons, interactions with cells, muscles (contracting), other tissues, organs. Vasotron E-stencer Scaffold can also repair neural network serving as scaffold for stem cell neurons that need electric activity to guide/stimulate repair, as for tetra or paraplegic with spinal cord injuries at neck or lower back levels. Vasotron E-stencer Pulser can work as mini-hearts pumping blood or as full pulsating vascular network. Vasotron can also guide mini/micro/nano bots and catheters to specific tissues/organs and control body temperature/oxygen consumption and protect cells.

NANOBOT, is a bio-cyber-bot that can penetrate/interact with a cell, cell nucleus and organelles, including DNA genetic engineering (vector Bactobot and Virobot, based on inert virus/bacteria and immune cells as nampt-macrophages with/without cyber-mechanic component). MICROBOTS are cell sized to carry cells and penetrate inter-cellular space. MINIBOTS are are artery/vein vascular sized bots as vascular catheter heads.

MINICAT, mini catheter to navigate arteries/veins and/or penetrate via skin with support of needle or mini incision.

MICROCAT, micro catheter to capillaries/inter-cells, deliver/remove new/old functional/dysfunctional cells, to all body or specific vases/tissues/organs, accelerating regeneration.

NANOCAT catheter to penetrate/interact with cell, nucleus and organelles ex/in-vivo (cells in/out body), including DNA genetic engineering.
OLIFE, is a cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analog doctor-bot with dual-structure/organs supporting life of cell-donor.

NEUROBOT is a doctor-donor bio-cyber HAI, Human Artificial Intelligence (Human Level), dual-mitotic 3D printed organs, exoskeleton split and regeneration/reduplication, allows Neurobot to donate half of organs/body to originating DNA Human, eliminating damaging, illegal, inefficient dilemma of harvesting organs/body from different DNA bio-donor with abandoned Life support, same DNA bio-cloned donor or bio/bio-cyber Neurobot with one set of organs/body. DNA specific Neurobot production, organ regeneration and/or secondary bio/bio-cyber organs/tissues replace 20% low efficiency different DNA, immune system suppression, damaging organ harvesting.

Neurotron-Neurobot replaces/complements digital software/hardware, programming, programmers with video-audio-text-acting analog direct flow teaching, learning as its done for Humans. Programmed digital-cyber, HAI Human Artificial Intelligence, self/remote/internal control Avatarbot can be used in self mode for repetitive easier, discrete, pre-defined tasks, assisted/complemented by Humans and/or Neurobots for analog free-flow self-learning and open/uncertain problems/goals. Avatarbot cyber structure is base for bio-cyber Neurobots.
Fixed macro/mini lab vaccination, macro/microfluid test, Individual Universal Immunotherapy, new cell banking, fit into mobile Neurobot, analog bio-cyber, creative AI doctor-bot with cells/tissues/organs specific to human DNA donor.

Neurotron, Neurochip, Neurocomp, Neurobot bio-cyber bio-analog computer hardware, bio-neural networks software replicating Human Brain electric, photonic, fluid, gas, mechanical continuous flow of input/processing/output learning/creating, as opposed to discrete/timed/programmed digital computers.

+55 million/year Humans are unassisted/removed from ICU/Life support (aka dead), instead of following Permanent Life Protocol. Low cost mass service DNA

specific customized production NEUROBOT for all, protect-regenerates Life forever with bio-cyber dual modular organs for full/partial assistance and/or independent action, including as a Medical Assistant. Neurobot can include Cell Bank (Artificial Bone Marrow, porous perfusion 3D scaffold bio-synthetic bio-reactor), Individual Universal Immunotherapy (accelerating antigen identification and immune response), Life Fluid Incubator (Artificial Uterus for embryo/fetus development) and cellular-molecular 3D bio-printing cell/tissue/organ.
MFSD1 protein can make Individual Universal Immunotherapy more efficient by making cancer targets still and help assembling tissues and organs making cells stick to each other. They stimulate cell membrane integrin receptors to adhere to other cells and also to the in-vivo natural extracellular matrix or ex-vivo artificial scaffold.

Harvesting/Donations/transplants of organs, bodies or memories are damaging/illegal because a Life cannot be abandoned/removed from Life support or any advanced Life preservation protocol to support another Life using this same support/protocol. In addition transplants with different DNAs are inefficient (around 20-40% short success term) generating rejection and/or suppression/reduction of immune response, leading to life damaging exposure to other pathogens.

Life Campus cyber Avatarbot assembly/service, carbon exoskeleton for able/disabled humans to operate from within or remotely, is base for bio-cyber Neurobot, adding bio-cyber tissues/organs, including bio-cyber uterus, compact/mobile Life Fluid Incubator.

Clone reproduction generates "twin/clone son/daughter" with same DNA, that is an INDEPENDENT LIFE with same full social/legal/economic protection as DNA donor. Same applies to created creative high Artificial Intelligence bio, cyber, bio-cyber being/robot that would have same protection. Same applies to alleged "transfer of memory" that is in fact only a high input of information that cannot be performed into a donor, cloned or creative high Artificial Intelligent bio/cyber being/robot, constituting a fundamental violation of their independent Life rights.

Only independent organs/bodies of non-intelligent/non-conscious forms of bio/cyber organisms/mechanisms/lives can be created/transplanted individually or in systemic group. But if an artificial bio/cyber brain is attached than those organs/body would now belong to a Life protected form. Dependent organs/bodies of intelligent/conscious systemic forms of bio/cyber organisms/robots/lives can be regenerated in their own body or by partial/full extraction/control as long as it is for their repair/regeneration and return to originating body/Life.

A head or memory of an older Human cannot be transferred/inputted to the body of a younger eventual donor, self cloned donor or creative/advanced Artificial

Intelligence bio/cyber being/robot, as advocated by some groups of medical neurological or information technology scientists, as it would be damaging/illegal and violation of an independent conscious life rights.

Neurotrode: consists of external electrodes to stimulate muscular and neural systems of the body to accelerate enhancement/repair, as for a patient in coma.

Neurobridge: brain/spine injuries, such as reconnecting severed nerves, with a biodegradable electric conductive scaffold, inter-cellular replicate gel, neuron stem cells and continuous electric signal flow.

Neuroface: accelerate data input/output with eye/ear safe, non invasive, assistant Artificial Intelligence interface, as opposed to a passive invasive internal plug, that may be used for abusive input/output control.
Neurochip: bio/bio-cyber chip that has a lower cost and higher performance, not requiring or supplementing electronic/binary hardware/software, better cost-benefit than electronic silicon/metallic-chips, with direct interface and supplementation to the human neural system, directly interfacing with our given/developed senses/functions (vision, hearing, smell, taste, touch, talk, vibration, temperature and movement), expanding to thought and energy/matter quantum dynamics as molecular, electric, photonic, gravitonic change/flux, including vibrations and temperature.

Neurocomp: bio/bio-cyber computer of bio/bio-cyber Neurochip internal network, not requiring or supplementing electronic/binary hardware/software, with direct interface and supplementation to the human neural system, directly interfacing with our given/developed senses/functions (vision, hearing, smell, taste, touch, talk, vibration, temperature and movement), expanding to thought and energy/matter quantum dynamics as molecular, electric, photonic, gravitonic change/flux, including vibrations and temperature.

Neuronet: bio/bio-cyber external network of bio/bio-cyber Neurocomps external network, not requiring or supplementing electronic/binary hardware/software, with direct interface and supplementation to the human neural system, directly interfacing with our given/developed senses/functions (vision, hearing, smell, taste, touch, talk, vibration, temperature and movement), expanding to thought and energy/matter quantum dynamics as molecular, electric, photonic, gravitonic change/flux, including vibrations and temperature.

Neurobot: doctor-donor bio/bio-cyber cyber-human/being shaped/articulated as a bio-human, containing a Neurocomp computer, computer/brain, made of neurochips and integrated to a Neuronet, external network. Preserved Human brains with highly damaged/abandoned bodies can be transferred to a Neurobot, following the Permanent Life Protocol, with bio-cyber dual modular organs for full/partial

assistance and/or independent action. DNA specific Neurobot production, organ regeneration and/or secondary bio/bio-cyber organs/tissues replace 20% low efficiency different DNA, immune system suppression, damaging organ harvesting. Neurobot doctor-donor bio-cyber HAI, Human Artificial Intelligence (Human Level), dual-mitotic organs exoskeleton split and regeneration/reduplication, allows Neurobot to donate half of organs/body to originating DNA Human, eliminating damaging, illegal, inefficient dilemma of harvesting organs/body from different DNA bio-donor with abandoned Life support, same DNA bio-cloned donor or bio/bio-cyber Neurobot with one set of organs/body. DNA specific Neurobot production, organ regeneration and/or secondary bio/bio-cyber organs/tissues replace 20% low efficiency different DNA, immune system suppression, damaging organ harvesting.

NEUROBOT, Biotronic BioBot, doctor-donor built with bio-compatible (DNAs) cells, Supercells (genetic/infusion enhanced bio-cyber), carbon-metal based structures/chips as self-control-bot, avatar-bot and/or swap-part-bot, complementing/supplementing bio-self-human. Neurobot, superposed body+exo-skeleton, 12 heart-lung-filter-nurture-immune machine supplements oxygen, glucose, nutrients, hormones/enzymes, white/red cells, for 2 head, 2 trunk, 4 arms and 4 legs, with bio-cyber dual 3D printed modular organs for full/partial assistance and/or independent action. A bio-human head/brain with deficient body can be reconnected/swapped to/with non-intelligent/conscious Neurobot, while bio-body is regenerated/rebuilt bio or bio-cyber. The key reconnection are the main artery/vein, spinal cord with mainly arms/legs transmission signals previously decoded and programmed. Arms/legs can also be swapped. 3D organ/tissue/cell bio-degradable scaffold/structure bio-printing, Artificial Bone Marrow, Individual Universal Immunotherapy, produce, regenerate. improve immune cells, stromal cells, antibody proteins, to eliminate pathogens and regenerate organs/tissues/cells.

HAI.
Bio-Cyber-Bots.
Bio-Cyber-Chips.
Bio-Nanochip-Biobot.
Cyber-Nanochip-Nanobot.
Bio-Microchip-Neurochip-Neurobot-Nbot.
Cyber-Microchip-Cyberchip-Avatarbot-Abot.
Self-Remote-Internal-Human-Artificial-Intelligence.

Only independent organs/bodies of non-intelligent/non-conscious forms of bio/cyber organisms/mechanisms/lives can be created/transplanted individually or in systemic group. But if an artificial bio/cyber brain is attached than those organs/body would now belong to a Life protected form. Dependent organs/bodies of intelligent/conscious systemic forms of bio/cyber organisms/robots/lives can be regenerated in their own body or by partial/full extraction/control as long as it is for

their repair/regeneration and return to originating body/Life.

NEUROBOT EXOSKELETON mode, removing front half of bio-cyber body, takes whole bio-human in front and can supplement their deficiencies temporarily while the original bio-body is fixed/regenerated. Neurobot is an upgrade, modularization and integration of mini Exo-Suit and Mini-Lab, which are an upgrade, miniaturization, modularization and integration of mini Exo-Suit and Mini-Lab, which is the same in relation to a Permanent Life Module. SuperSkin, SuperCell take it further to the micro and nano level. Maintaining patient conscious with Neurobot may be crucial in the Permanent Life Protocol, because hibernation, refrigeration, freezing, cryofreezing, coma of bio-body may lead to cultural primitive conception of “death or probable death” (electric heart/brain dysfunction) and abandonment of the bio-body with +99,99% of living cells, specially Brain/Hearth cells, that at 100 can have same efficiency as at 10 years of age and that can survive and be supplemented/replaced indefinitely.

Neurobot 1.0: oxygenation (segment mini heart-lung machines), nutrition (glucose, vitamins, minerals, proteins, lipids), protection/regeneration (immunity, hormones, enzymes, Artificial Bone Marrow Stem Cell Bank red/white cells, platelets, stromal cells, AI IUI Machine), filtration (mini dialysis machine), stimulation (neural/muscle electrodes) . Keep patient conscious/active (avoid primitive heart/brain electric failure "death" abandonment), while separated segment circulation of body is regenerated. Neurobot can loan or donate dual back half body/organs, keeping full functional and replicable front.

Biocyber Neurobot Artificial Bone-Marrow and Thymus-Spleen produces/trains immune cells/antibodies for Superblood/lymph, DNA specific Individual Universal Immunotherapy mini-system cell and antibody bank donor.

Obot/Ocar/Olife (www.sandaero.com):
Obot is an Ocar (Omni all direction cube-sphere) mobile chair that can recline fully horizontal or stand fully vertical for internal (strap-on safety belt), remote or self control. Olife is an Ocar/Obot with full PLM, Permanent Life Module.

Abot/Acar/Alife (www.sandaero.com):
Abot is an Acar (Aero Ocar with additional buoyant Dcar modules) mobile Avatar exoskeleton (compacted/slimmed Obot to mimic human skeleton). Alife is an Acar with an Abot with full PLM, Permanent Life Module, compacted/slimmed to fit Abot exoskeleton.

Nbot/Ncar/Nlife:
Nbot is an Ncar (Neuro Ocar with additional bio-neural network computing/cell bank) independent Abot Avatar exoskeleton (compacted/slimmed Obot to mimic human skeleton) with additional bio-cells/tissues/organs, capable of dual mitotic

donation of 1/2 of bio-cyber body to DNA donor human. Nlife is an Ncar with an Nbot bio-cyber doctor-donor.

10) TELEPORT

3D CBC-PAL TELE-PORT is a 3-Dimension Cyber-Bio-Chimo Printer-Assembly-Line Tele-Transporting, sending a 3D copy instead of the original, with zero/low gravity/weight outer space or liquid printing/assembly chamber. Only quantic information of scanned dimensions, blue prints and DNAs need to be sent from point A to B, via a quantic electric, photonic or gravitonic beam.

The original matter-energy object or life will only be copied/printed/assembled. For living matter-energy (individual DNA code), this process can be replaced by a natural bio Permanent Life Fluid Incubator, resulting an Infant Life instead of an Adult Life. In both cases cell DNA defects or disadvantages can be fixed.

Bio-3D-Printing
Permanent-Life-Tech
Mass-Flex-Individual-Cell-Bank
Cells-Tissues-Organs-Bodies-Neurobots
Biologic-Medicine-Regeneration-High-Efficiency
In-Vivo-Ex-Vivo-Bio-Regeneration-DNA-Compatible
Stop-Allopathic-Medicine-Organ-Transplant-Low-Efficiency

11) SUPERDENT

Biologic Dental Medicine using stem cells to regrow tooth in-vivo/ex-vivo, regrow tooth components, biodegradable protection and eatable teeth cleaning etc. Allopathic Dental Medicine treatment is expensive/inefficient. Innovation reduces cost and increases dental health.

Somatic/Stem Cells, mRNAs can produce dental cells/proteins in vivo/ex-vivo. Ameloblasts produce enamelin/amelogenin proteins that mineralize to form enamel. Odontoblasts produce Dentin, Pulp, also via Dental Pulp Stem Cells (DPSC). Bio-regenerate Faces/Crown/Root/Tooth.

Eatable/biodegradable standard teeth arcade short term meal guard, customized long term tooth guard, combined with spray/paste containing SIgA antibodies, bacteria antigens, biomimetic saliva with minerals, provide low cost high benefit teeth protection against cavities.

PREVENTION

Traditional low cost, low performance dental maintenance leads to high cost dental

repair. Tooth brushes are an operational inconvenience, wear off enamel, tooth paste is toxic, dental floss can pull out dental repair and chip tooth. Current technology paradigm can be improved.

Tooth Enamel is hard/white/mineralized substance acting as a barrier to protect the tooth but can be degradable, even being hardest substance in human body, containing highest percentage of minerals, 96%, main being hydroxyapatite, a crystalline calcium phosphate.

Enamel, composite or alternative resistant compounds can be placed in white or transparent permanent film or a temporary less resistant eatable film, both to be self applied by user for upper and lower teeth continuous arcades.

Low cost self applied white or transparent film dental cap enamel coated or high resistant material for each tooth can provide high customized protection for months (auto-applied) or years (applied by Dentist or Cleaning technician). Alternative/complementary/cheaper would be a full upper and lower arcade group dental cap to last hours or days, that is also easier/faster to apply, nutritious/eatable as also eatable paste, brush and floss. Eatable material contains full nutritional supplements.

Dentcap: long term customized month (auto-applied), year (dentist/technician applied) film each tooth crown cap. Denteat: Eatable material contains full nutritional supplements (short term eatable nutritious hour/day upper/lower tooth arcade caps).

Pasteat (eatable nutritious tooth paste); Flosseat (eatable nutritious tooth floss); Rinseat (drinkable nutritious tooth rinse); Brusheat (eatable nutritious tooth brush with eatable/attached tooth paste, rinse and floss). Eatable material contains full nutritional supplements.

RESTORATION /REGENERATION

Mini DentBot, mini DentScan and mini DentPrint 3D composite restoration printer can allow Dental professional/robot to clear, measure and restore tooth, using artificial materials and/or natural biologic proteins, mRNAs, cells and components, produced in-vivo/ex-vivo.

Somatic/Stem Cells, mRNAs can produce dental cells/proteins in vivo/ex-vivo. Ameloblasts produce enamelin/amelogenin proteins that mineralize to form enamel. Odontoblasts produce Dentin, Pulp, also via Dental Pulp Stem Cells (DPSC). Bio-regenerate Faces/Crown/Root/Tooth.

DentalStem cell regeneration can complement prevention and restoration specially to restore the root canal if necessary with crown restoration. Restore root canal, pulp cavity, dentin, cementum, periodontal ligament, enamel, gingiva/gum, jaw bone, whole tooth.

Dental Pulp Stem Cells (pulp, vases, nerves, dentine, bone); Periodontal ligament stem cells; Root apical papilla stem cells; Dental follicle stem cells (cementum, periodontal ligament, alveolar bone, whole tooth regeneration).

12) BLASER

Blood filtration/nutrition/oxygenation systems can include BLASER, Blood Laser Service, to enhance immune system efficiency, eliminating pathogens with bio-photonics, with blood flow on wide translucent display.
Ultra-short pulse laser can destroy proteins of virus, bacteria without harming human cells and optic/metallic laser markers for dysfunctional cells can eliminate these cells without harming unmarked cells.
Skin, wounds, macro-mini-micro-nano surgery exposed organs/flesh can also receive laser treatment, as using mini-incisions, micro catheters and nano robots.

13) SUPERBLOOD:

EX-VIVO MASS PRODUCTION DNA SPECIFIC SUPER BLOOD BANK
Filtration+Immunization+Nutrition+Oxygenation+Regeneration.
Red/White/Stromal Cells, Platelets, Plasma, Antibodies, Vaccines, Antibiotics, Vitamins, Minerals, Electrolytes, Hormones, Enzymes, Amino acids, Proteins, Glucose, Lipids, Nanolipid mRNAs, DNA Vectors, Trehalose, Dysfunctional Cell Removal+Tissue/Organ/Stem Cell Addition.

Superblood increases quantity, quality performance of blood components to eliminate/cure virus, bacteria, cancer, toxin, trauma, aging, regenerating body and extending life forever. Blood/Skin cells can be cultured to create Superblood/Superskin that allow unlimited young interior blood, organ, tissue health, exterior skin appearance and Life extension.

Systemic Permanent Life Protocol supports/regenerates Systemic Life, cells with natural integration and regeneration systems, to Regenerate by Replicating-Repairing-Reforming-Replacing-Revoking cells, in-vivo and/or ex-vivo, with Skin/Nasal/Sub-lingual (patch/spray/pill) nano-micro-supplementation, than Blood-Lymph-Marrow fluids micro-mini supplementation (vascular/inter-cellular catheters) and as last resort macro-mega tissue/organ supplementation (mini-macro surgery/3D bio-printing/scaffolding).

Replicate (divide) cells with hormones/enzymes/mRNAs; Repair (fix) genome/chromatin/telomere with DNA sirtuins, enzymes (telomerase) and epigenome with OSK factors, Oct/Sox/Klf-4; Reform (change cell function) with local cell exosome/cytokine signaling/changing connective stromal cells to functional cells; if not effective Revoke (neutralize/destroy) with antibodies and immune cells; Replace (substitute) with vascular cells from general marrow/blood Stromal connective cells. Biologic regeneration is natural/unlimited, aging is evolutionary/circumstantial and reversible genetically, epigenetically and at cellular in/ex-vivo body levels.

Systemic Life Regeneration (SLR): Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

Individual DNA Human Cell banking can supplement all needs for regeneration, in addition to telomere regrowth regeneration for local cell division, with hormones, growth factors, enzymes, as telomerase, nutrition, oxygenation and new banked stem/specialized cells added to Superblood that can find or be found/guided to the matching tissue and organ.

Cells with membrane ion channel obstruction can be released into bloodstream to other tissues/organs if healthy or eliminated by immune blood cells or discarded via kidney if unhealthy. Cancer metastasis is a failure of this process to be fixed by Superblood when eliminating them on the spot or isolating them, as benign nodule, fails because tissue/organ immune cells couldn't identify/eliminate them.

Trehalose is a Life preservation/resurrection sugar that can be supplemented intravenous. Used by animals as the Tardigrade to resist dehydration and heat/cold of plus/minus 100 Celsius. TreT enzyme converts Glucose in Trehalose and Trehalase enzyme converts Trehalose to Glucose. The Tardigrade has this intra-circulation capacity, but Humans have only Trehalase in the digestive system. Trehalose protects cell carbohydrates, proteins, fatty acids, lipid membranes against damage/denaturation, maintaining liquid phases in absence/reduction of intra/inter cellular water or when water frozen, against anti-oxidation/oxidation stress and also helps induce autophagy/self-digestion of dysfunctional cells (cancer/senescent/old).

Induced Pluripotent Stem Cells (IPSCs) from multipotent blood/skin cells regressed to a pluripotent state can be used to develop/differentiate into different specialized cell lines from immortal stem cells as nervous, muscle, sexual, fat, bone, immune, epithelial/skin cells. Stem cells have grown telomeres, DNA cap for unlimited cell division.

Grown telomeres can also be induced in specialized cells by telomerase enzyme, induced by growth hormones, that were evolved to genetic program to fall after certain age, with advantage of avoiding cancer growth, but that can be contained by immune cell, antibody reinforcement and antigen training (in-vivo/vaccine, ex-vivo/Individual Universal Immunotherapy) in Superblood and Superlymph.
Cell lines are immersed in renewed culture media (carbohydrates, fats, proteins and salts) to induce proliferation supplemented with growth factors (proteins/steroids that regulate cellular processes). Once cell consumes sufficient amount, cell divides and population increases exponentially as they consume renewed media. Cells to build tissue organs are seeded to scaffolds (ex-vivo) or extra cellular matrix (in-vivo), molds to organize cells into larger structure as tissues and organs.

Ex-vivo mass production DNA specific Superblood bank: Red cells, White Cells, Platelets, Plasma, Nutrition, Antibodies, Vaccines, Antibiotics, Vitamins, Minerals, Electrolytes, Hormones, Enzymes and Proteins etc.

Superblood is Human/DNA specific, produced and stored by bio-cyber Neurobot Doctor-Donor with Artificial Bone Marrow bio-scaffold porous stem cell incubator, in Neurobot carbon bone-structure exoskeleton, similar but superior to Human bones, higher compressive/tensile permanent strength and higher unlimited production bone-marrow ex/in-vivo stem cell fed/seeded.

Superblood contains ex/in-vivo cultured Red cells, White Cells, Platelets, Plasma, Nutrition, Antibodies, Vaccines, Antibiotics, Vitamins, Minerals, Electrolytes, Hormones, Enzymes, Proteins, plus alternative extra-capillary inter-cellular micro/nano oxygen, nutrition, enzyme, RNA carriers, internalized/externalized through closest capillaries, skin or Superskin.

Superblood is a product for Individual Universal Immunotherapy service that concentrates, multiplies, antigen trains immune cells, centrifuge extracted from patient blood and/or produced by new supplemental immune cells from stem cells cultivated ex/in-vivo in Neurobot exoskeleton Artificial Bone Marrow, stored in Neurobot Superblood Doctor-Donor to originating DNA specific Human.
Biocyber Neurobot Artificial Bone-Marrow and Thymus-Spleen produces/trains immune cells/antibodies for Superblood/lymph, DNA specific Individual Universal Immunotherapy mini-system cell and antibody bank donor.

Cells/tissues/organs, destroyed by cancer, virus, bacteria, toxin, trauma, senescence, competed against these for nutritional resources and space. Centrifuged blood, bone marrow syringe extraction can separate healthy immune cells, remove unhealthy cells and accelerate ex-vivo antigen identification/loading of immune cells. It can also accelerate blood/mesenchymal stem cell conversion/cultivation to immune/tissue cells to then re-inject intra-vascular to fight pathogens in-vivo, accelerate regeneration by stem cells and local cell division stimulation, including extension of cell telomeres with natural or supplemented growth hormone/telomerase enzyme.

Addition/subtraction of growth hormones/enzymes can accelerate or slow down healthy/unhealthy cell growth, but it is the immune system and its supplementation that can tip the scale in favor of healthy cells in the competition for resources and space, leading to regeneration, healthy cells, tissues, organs, that must be in-vivo regenerated and not replaced by inefficient/high rejection harvested organs with different DNAs from abandoned Lives (aka “dead”), that should not be abandoned in the first place, but applied Permanent Live Protocol, including Individual Universal Immunotherapy, including Superblood supplementation.

VASOTRON, is a vascular cyber-photo-electric network, supplemental to bio neurological network, including electric-photonic e-lines/e-stencers (vascular catheter stretch cylinder), E-STEN, capable of receiving, transmitting signals to close neurons, interactions with cells, muscles (contracting), other tissues, organs. Vasotron E-stencer Scaffold can also repair neural network serving as scaffold for stem cell neurons that need electric activity to guide/stimulate repair, as for tetra or paraplegic with spinal cord injuries at neck or lower back levels. Vasotron E-stencer Pulser can work as mini-hearts pumping blood or as full pulsating vascular network. Vasotron can also guide mini/micro/nano bots and catheters to specific tissues/organs and control body temperature/oxygen consumption and protect cells.

SUPERLYMPH, is a blood and/or lymphatic system quantitative or qualitative (antigen loaded, in/ex vivo trained by vaccination or Individual Universal Immunotherapy) supplementation of antibodies and white immune cells as Macrophages, Microglias, Neutrophils, T-cells, B-cells and D-cells etc.

Gblood, Gravity supplementation blood, consists in adding an inert (harmless), reversible (as via enzyme), retractable (as a nanobot) heavy molecule (as a trehalose sugar/mineral combo) to blood/water/circulatory liquid to increase cell, vascular, inter-cellular, tissue, organ body weight to counter the lack of gravity in space, satellite or planets with lower gravity than Earth, also to protect cells/body against radiation, dehydration and over/under heat.

When cell membrane channels are covered because of inter-cellular obstruction or space pressure limitation, cell can cease to function, as in sodium/potassium ion

exchanges, and so one of the defenses of body is to release the cell into bloodstream to be recycled to other tissues/organs if healthy or to be discarded via kidney/urine if dysfunctional as in cancer. Another defense from cell channel membrane dysfunction would be to eliminate or isolate it to prevent growth. Cancer metastasis, cancer cell leaving an area and joining another, implies a failure of the 3 defense systems to eliminate/isolate it on the spot or to discard it in bloodstream/urine.

Superblood can filter/clean blood from dysfunctional cells, add functional tissue/organ cells, trained antibodies and immune cells ex-vivo, outside body, reintroduce them in-vivo, into body, allowing cancer cells to be eliminated and replaced by healthy cells. If new healthy cells are fed into blood stream from outside body culture, the body mistake of taking unidentified cancer cells as healthy into tissue/organ will decrease and new trained antibodies immune cells will flag cancer cells and avoid incorporation to other tissue destroying them on bloodstream or escorting them out via kidney/urine.

14) SUPERHEART:

SuperHeart bio-cyber multi-heart system pumps blood or Superblood (ex-vivo mass produced blood components culture), in external supplementation as with Neurobot, Exosuit and/or Permanent Life Module platforms, or in internal supplementation, as Neurobot second organ set donation to supplement and regenerate natural heart.

Super-Hearts
Venal-Arterial-Hearts
Macro-Mini-Bio-Cyber-System
Bio-Heart-Regeneration-Cyber-Heart-Support
2-Cyber-Macro-Super-Heart-Macro-Trauma-Cancer-Infection
8-Members-Cyber-Mini-Super-Hearts-1-Bio-Regenerated-Heart
Replace-Inefficient-1-Macro-Heart-Bio-or-Cyber-Transplant-Replacement

Multi-heart system with larger upper/lower thorax hearts for upper/lower blood circulation and smaller supplementation hearts, head, left/right arms/legs, all with the possibility of receiving blood/Superblood oxygenation, nutrition, supplementation internally and/or externally.

All cells from segments of body, specially head/brain, can be protected by any temporary electric failure, vascular obstruction or heart failure and achieve higher performance as for physical resistance and regeneration. The current primitive abandonment of human body with +99,99% of living cells because of a heart dysfunction can be automatically avoided, even now current techniques, as manual/machine CPR Cardiopulmonary Resuscitation and heart-lung machines.

Organs/tissues regenerated by cell mitosis division, lower regeneration capacity with genetic hormonal decline, including telomerase decline leading to reduction of telomere DNA cap increasing cell dysfunction senescent/cancer cells, also decline in immune cells.They can receive general growth stimulation from hormones, enzymes, proteins as telomerase to increase DNA cap telomeres and avoid development of dysfunctional cells as senescent/cancer cells. But non-telomere dysfunction cancer as genetic/environmental/substance abuse cancer occurs, this supplementation can accelerate cancer cell growth as well, requiring immune supplementation to block it and healthy cell supplementation or regeneration to compete for nutrition and space with cancer cells.

Organs/tissues that are less/slow regenerative as Heart/Brain cells, because of their particular function, can also be induced to self-regeneration process to repair themselves using mRNA/microRNA (transcription factors/stem cell messenger exosomes to return the cells to a stem-cell-like state), contained in lipid membranes as they occur in nature inside micro lipid cell membranes. High risk/high cost organ transplant can generate rejection because of DNA difference detected by immune system or immune vulnerability if using anti-immunity agents. Introducing external tissue/cells/stem cells that may generate uneven masses/tumors/teratomas, tissue/organ growth dysfunction as left ventricular valve can happen with excessive, uncoordinated late general hormone decline supplementation.

VASOTRON, is a vascular cyber-photo-electric network, supplemental to bio neurological network, including electric-photonic e-lines/e-stencers (vascular catheter stretch cylinder), E-STEN, capable of receiving, transmitting signals to close neurons, interactions with cells, muscles (contracting), other tissues, organs. Vasotron E-stencer Scaffold can also repair neural network serving as scaffold for stem cell neurons that need electric activity to guide/stimulate repair, as for tetra or paraplegic with spinal cord injuries at neck or lower back levels. Vasotron E-stencer Pulser can work as mini-hearts pumping blood or as full pulsating vascular network. Vasotron can also guide mini/micro/nano bots and catheters to specific tissues/organs and control body temperature/oxygen consumption and protect cells.

AVATARBOT, SuperBody, is a digital cyber HAI, Human Artificial Intelligence Robot, with a BES, Body ExoSkeleton and attached Arms/Legs/Thorax/Head external carbon composite, cyber electric-photonic components, with 6 independent cyber heart-lung-neural systems capable of oxygenating, nurturing, immunizing, controlling temperature, supplementing their bio counter-parts and communicating directly with Brain vascular neural motor cortex sensors. Avatarbot operates self-remote-internal with/without Human inside, which is conscious or unconscious, with/without vascular/neural connection with heart/lung/brain. Avatarbot supports life while bio-body is rebuilt/regenerated. Analog bio-cyber Neurobot is a cyber digital Avatarbot with bio cells, tissues, organs developed in support of the DNA donor.

BLH, Brain-Lung-Heart-Head-Helmet, detached Avatarbot Head, connects at the jugular veins receiving deoxygenated blood, circulating the blood in helmet to receive incoming ambient air and/or stored oxygen, supplements and sending oxygenated blood back into carotid artery. Vascular internal cylindrical flexible stent sensor at the motor cortex can capture moving neural instructions and send to arms/legs that have with thorax their own heart-lung circulation: TLH, Thorax-Lung-Heart; ALH-L/R, Arms-Lung-Heart Left-Right; LLH-L/R, Legs-Lung-Heart Left-Right, also detachable from Avatarbot.

15) SUPERBRAIN / SUPERNEURON / SUPERNERVE:

Superbrain heals/expands/improves human brain bio-hardware/software, interacting with digital cyber-hardware/software/networks (internet/intranets) and analog hybrid biocyber systems. Bio Humans, cyber-digital Avatarbots self/remote controlled Human Artificial Intelligence or bio-cyber-analog Neurobots self-controlled Creative Artificial Intelligence can form intra/inter Superbrain networks. Neurotron, Neurochip, Neurocomp, Neurobot biocyber bio-analog computer hardware, bio-neural networks software/hardware replicate Human brain continuous flow of input/processing/output learning/creating, as opposed to discrete/timed programmed digital computers. Neural bio-cyber systems developed ex-vivo, interacting neurons with external electrode stimulus, can than be transplanted in-vivo or be attached as ex-vivo accessory memory processing (as RAM, Random Access Memory and/or hardrive memory). Neurons grown in 3D scaffold electric conducting/flexible material.

Neural Networks have multi-variables with changing weights, real time uncertainty for 95% Human accuracy, while digital networks are pre-programmed with specific variables inputs/outputs, with accuracy determined by predicted to reality similarity, with no on going, real time correction, with program corrected for future improvement.

Analog computers are devices with continuously variable physical quantities (electric, fluid, mechanical) represented analogous to corresponding quantities in problems/needs to be solved or goals to be achieved creatively. Analog system has initial conditions set-up then changes freely. Digital computer are devices solving problems by processing information in discrete form, expressed in binary code, using two digits 0 and 1 (plus 0+1 in Qbit computers), count, compare, manipulate digits or combinations according to program instructions in memory.
Bio, bio-cyber analog computer can learn/create without being previously programmed, starting with basic programmed algorithms or flux variables, receiving, analyzing input data/flow, predicting output within acceptable range, 95% human target, with feedback to improve next decisions, learning with supervised, semi-supervised, unsupervised, reinforcement processes. Neural

networks bio, bio-cyber computing systems with interconnected nodes recognize patterns/correlations in input data/problem/goal/need, gather/separate, cluster/classify, learn/improve and develop/create/output.

Neurochips made of cultured DNA specific Neurons or SuperCell Super Neurons (genetic and/or chemical/biological infused improved cells) electrode stimulated to become fully active/efficient to be introduced in/ex-vivo to new or existing bio and/or bio-cyber neural network Superbrain. Neurobot dual paradigm Superbrain can donate/support with one to original DNA specific donor.
Organs/tissues regenerated by cell mitosis division, lower regeneration capacity with genetic hormonal decline, including telomerase decline leading to reduction of telomere DNA cap increasing cell dysfunction senescent/cancer cells, also decline in immune cells. They can receive general growth stimulation from hormones, enzymes, proteins as telomerase to increase DNA cap telomeres and avoid development of dysfunctional cells as senescent/cancer cells. But non-telomere dysfunction cancer as genetic/environmental/substance abuse cancer occurs, this supplementation can accelerate cancer cell growth as well, requiring immune supplementation to block it and healthy cell supplementation or regeneration to compete for nutrition and space with cancer cells.

Organs/tissues that are less/slow regenerative as Heart/Brain cells, because of their particular function, can also be induced to self-regeneration process to repair themselves using mRNA/microRNA (transcription factors/stem cell messenger exosomes to return the cells to a stem-cell-like state), contained in lipid membranes as they occur in nature inside micro lipid cell membranes. High risk/high cost organ transplant can generate rejection because of DNA difference detected by immune system or immune vulnerability if using anti-immunity agents. Introducing external tissue/cells/stem cells that may generate uneven masses/tumors/teratomas, tissue/organ growth dysfunction as left ventricular valve can happen with excessive, uncoordinated late general hormone decline supplementation.

Trauma to the spinal cord near the neck or near the hip can cause paraplegia/quadriplegia, paralysis of lower or lower/upper members, legs or arms/legs. Nerves, cable-like network formed by Neuron Axons structured/surrounded by Schwann cells/lipid-rich Myelin are severed and usually do not regenerate.

Reconnecting/regenerating severed Nerves may require an ex-vivo scaffold, as aero-graphene, to replicate nature, Stem cell derived Neurons can be introduced, protected, stimulated by temporary artificial electro-chemical signals and training so that natural system/signal can regenerate/re-function.

Super-Neuron and Super-Nerve can be built ex-vivo and/or in-vivo to repair trauma damage using aero-graphene, a 3D cylindrical nano-tube of 2D one-layer carbon

graphene, that can be obtained by pressurized heat of a hydrocarbon to obtain graphene oxide followed by vacuum/laser deoxygenation.

Bio-Cyber Super-Nerve creates redundant double bio/cyber electric signal stimulus for regeneration of paraplegic/quadriplegic spinal cord trauma severance, using aero-graphene scaffold for stem cell derived neurons electric current stimulated, wireless electric sensor/signaler on brain and severance points.

C-Life-Super-Nerve
Paraplegic-Quadriplegic
Aero-Graphene-Scaffolds
Spinal-Cord-Reconnection
Reconnect-Severed-Nerves
Scaffold-Stem-Cell-Neurons
Stimulating-Electron-Current
Scaffold-Neurons-Regrowing
Action-Stimulation-Reconnection
Brain-Nerve-Electric-Sensor-Signal

16) SUPERBONE:

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo bone, ex-vivo bio Super-Bone, hybrid biocell+carbon-graphene-scaffold Super-Bone.

Super-Skin Graphene-Hydrogel, Super-Skin-Collagen, Cell-Culture-Scaffold, Super-Bone Graphene-Aerogel, Super-Bone-Marrow, Cell-Culture-Scaffold form the structure of modular member of C-Life/Cbot (Cubebot), O-Life/Obot (Omnibot), A-Life/Abot (Avatarbot) and Nlife/Nbot (Neurobot).

Modular Super-Bone, bone, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots. Bone skeleton is structural organ of Human body, endo-bone-exit endo-supplements and age structure endo-model.

C-Life
Individual
Cubic-Cell-Cultures
Super-Bone-Super-Blood
Super-Lymph-Super-Marrow
Aero-Graphene-Bone-Structures
White-Red-Stromal-Stem-Somatic-Cells
Antibodies-Antigens-mRNAs-Hormones-Proteins

Aero-Hydro-Graphene-Cell-Culture-Scaffold.
CBM-Cell-Bank-Medculture-C-Life-Cubic-Cell-Culture.
Antibodies-Antigens-Immune-Stem-Stromal-Somatic-Cells.
Super-Bone-Graphene-Aerogel-Super-Skin-Graphene-Hydrogel.

Superbone is an exo or endo skeleton to complement or replace natural bone, including cell bank bone marrow function of producing blood components as red/white cells and/or any cells from stem cells, using scaffold porous mass cell culture line production.

Best medium to produce DNA Biocompatible Individual Bone Marrow cells ex-vivo, as Stromal/Immune cells, for immunization/regeneration, is not petri-dish or bio-reactor, but obviously a scaffold similar to Natural Bone or Super Bone.

3D printing Calcium Phosfate Bioink, Graphene Hydrogel and other bio compatible or biodegradable scaffolds can be used for bone/superbone, Abot/Nbot exoskeleton, Cell Bank Medculture, for Mesenchymal Stromal/Stem cells, osteoblasts/osteocytes/osteoclasts erythrocytes/leukocytes (red/white immune/oxygen blood cells), replicating the BONE MARROW natural medium. 2D Graphene Superbone wrap can also enhance strength and vases/capillaries can circulate blood.

Superbone uses super materials equal/stronger than bone, biologically active, not rejected/toxic to human body. Scaffold for bone cells, osteoblasts, osteocytes, osteoclasts and red/white/platelet bone marrow cells. 3D composite graphene and hydroxyapatite+collagen with pores larger than the size of bone/marrow cells. Graphene (hexagon carbon) is biocompatible with human cells, including bone cells (osteocytes, osteoclasts, osteoblasts, bone marrow).

Cells in graphene scaffold have higher rate of growth/differentiation offering 2D/3D mechanical support strength as 3D foam graphene hydro thermal aqua gel and dry freeze aero gel. Algae (hydrocarbons/plants) to graphene oxide to graphene Aquagel (aqua thermal/2 hours/160 celsius) to graphene Aerogel (dry freezing/24 hs) to cell culture porous scaffolding with pores compatible with bone cells osteoblasts (10 micrometers, new bones), osteocytes (7 micrometer, structure/signaling, osteoclasts (50 micrometers, absorb old bones), responsible for bone permanent regeneration; bone marrow red cells (8 micrometers, oxygenation/energy), white cells (15 micrometers, immunity/regeneration) and platelets (3 micrometers coagulation/regeneration).

Bone and general nerve/vessel cells are fully compatible with graphene scaffolding/structuring with electric conductivity stimulating the growth/guidance/structure of neuron cells to reconnect severed nerves that currently do not regenerate on its own. Graphene provides 3d cell sphere

environment to produce new cells, including dendritic/branch neuron cells.

Genetic engineering can incorporate to human cells, including bone cells, missing/faster regenerative capacities observed in other animals such as fish scales, crustaceans and lizards.

Superbone, Superskin, Superblood, Superheart and Superbrain are the main components of Neurobot, an analog bio-cyber DNA originator compatible clone, with dual mitotic structure, capable of donating half of its organs to the originator Human. Superbones inflexible 3D carbon graphene stem cell scaffolds combine with 2d flexible stem cell, collagen, silk, polymers, graphene, hydrogel, scaffolding for super tendons, cartilage, ligaments, for internal building/regeneration and/or external Neurobot dual exo-skeleton, for their use or potential future donation back to original DNA stem cell donor.

17) SUPERLUNG

Superlung substitutes/complements absent/existing lung oxygenating red cells in process similar to natural dual-central lung system, from multi-decentralized system and/or directly from Superskin to inter-cellular distribution system to bio or bio-cyber Supercells for Humans and/or Bio-cyber Neurobots. Current Heart-Lung machines oxygenate/circulate blood replacing heart/lung, usually in heart surgeries and less frequently as a Intensive Care Unit life support system, needing to be mass produced and compacted to increase use in support of Cellular Life even after System Life (heart/brain electric activity) has been abandoned in traditional medicine.

18) SUPERFOOD

Super-Food
8-Billion-Humans
Height-Gender-Age-Profile
25-Years-Permanent-Age-Paradigm
Super-Auto-Vaccine-Supplement-Test-Match-Dose
55-Million-Year-Lives-Abandoned-Preventive-Ending

Superfood, for Humans and Bio-cyber Neurobots, substitutes/complements existing or absent digestive system nutrition with intra-oral (solid/liquid/pill), intra-skin (patch/creme), intra-muscular (spring injection) and/or intra-venal (injection/catheter) super nutrition, to provide cell mitochondria with glucose+oxygen energy and other cell building macro/micro nutrients as Vitamins, Minerals, Electrolytes, Glucose, Lipids, Proteins, Amino Acids. Food portions must be proportional to height to sustain a proportional ideal weight for males and for females.

Super-Food Super-Burger, Celular-Hamburger Animal-Vegetable cultivated in C-Food Cubic-Cell-Culture.

19) SUPERENERGY

Superenergy substitutes/complements digestive/respiratory/circulation system to supply direct energy to bio cell or bio-cyber Supercell from Skin or bio-cyber Superskin to inter-cellular distribution from solar or any source of photo-electric energy. Natural skin already takes solar energy used in many processes as producing vitamin D. Superenergy paradigm seeks to enhance/accelerate energy absorption directly to cell consumption. Cyber/Bio-Cyber Supercells could receive direct Superenergy and build-up inter-cellular Superskin materials.

20) SUPERCONDOM

SuperCondom, Cair, Contraceptive-STD Male-Female Air Condom, is best system in terms of contraception/disease prevention, performance/pleasure enhancement and practicality/cost, compared to traditional inefficient male/female condoms and other contraceptive methods. These inefficiencies lead to over 55 million abortions a year at an estimated average cost of US$1000 per abortion, totaling US$55 billion a year plus, life abandonment (aka "deaths"), physical, psychological, political, cultural, social and other economic conflicts/damages.
Current male/female condoms are inefficiently designed, preventing them from being used at the same time, doubling safety. Single wall friction with human tissue or against each other can tear, stick or move them out of place, allowing sperm through, reducing safety from pregnancy and STDs, Sexually Transmitted Diseases. These condoms are not perfectly fitted, require male organ real time erection and unfolding, generating practical and psychological inefficiencies.

SuperCondom, Cair, Contraceptive-STD Male-Female Air Condom, has 10 layers of material-air protection from 2 triple walls and 2 walls of air pumped in by mouth tube or manual/automatic inflater, while allowing perfect customized fitting, cushioned/sensitive friction pleasure, performance enhancement because of perfect male/female sexual organ match and are visually integrated/perfected.

Larger outer condom for female organ and smaller inner condom for male organ units have soft flexible material, as polymer/latex/sponge, with lubricating, spermicide, antibacterial and eatable fluid. Packaged air sealed, unfolded for easy insertion, followed by air pumping to provide perfect customized match between the outer/inner female/male devices and body tissue.

+95% statistical or 100% efficient when male-female double-used as instructed, in terms of pregnancy/STD avoidance, practicality of use, performance enhancement, healthiness with no collateral effects, making this a product that users want to use

instead of have to use. The ultimate goal is to bring down unwanted pregnancy, abortions and STDs, Sexually Transmitted Diseases to ZERO.

21) SUPERBODY

SUPERBODY, cyber digital Avatarbot or bio-cyber analog Neurobot, HAI, Human Artificial Intelligence Robot, with a BES, Body ExoSkeleton and attached Arms/Legs/Thorax/Head external carbon composite, cyber electric-photonic components, with 6 independent cyber heart-lung-neural systems capable of oxygenating, nurturing, immunizing, controlling temperature, supplementing their bio counter-parts and communicating directly with Brain vascular neural motor cortex sensors. Avatarbot operates self-remote-internal with/without Human inside, which is conscious or unconscious, with/without vascular/neural connection with heart/lung/brain. Avatarbot supports life while bio-body is rebuilt/regenerated. Analog bio-cyber Neurobot is a cyber digital Avatarbot with bio cells, tissues, organs developed in support of the DNA donor.

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo bone, ex-vivo bio Super-Bone, hybrid biocell+carbon-graphene-scaffold Super-Bone.

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo skin, ex-vivo bio Super-Skin, hybrid biocell+carbon-graphene-scaffold Super-Skin.

Super-Skin Graphene-Hydrogel, Super-Skin-Collagen, Cell-Culture-Scaffold, Super-Bone Graphene-Aerogel, Super-Bone-Marrow, Cell-Culture-Scaffold form the structure of modular member of C-Life/Cbot (Cubebot), O-Life/Obot (Omnibot), A-Life/Abot (Avatarbot) and Nlife/Nbot (Neurobot).

Modular Super-Bone, bone, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots. Bone skeleton is structural organ of Human body, endo-bone-exit endo-supplements and age structure endo-model.

Modular Super-Skin, skin, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots. Skin is largest organ of Human body, exo-intra-skin entry exo-supplements and age appearance exo-model.

BLH, Brain-Lung-Heart-Head-Helmet, detached Avatarbot Head, connects at the jugular veins receiving deoxygenated blood, circulating the blood in helmet to receive incoming ambient air and/or stored oxygen, supplements and sending

oxygenated blood back into carotid artery.

Vascular internal cylindrical flexible stent sensor at the motor cortex can capture moving neural instructions and send to arms/legs that have with thorax their own heart-lung circulation: TLH, Thorax-Lung-Heart; ALH-L/R, Arms-Lung-Heart Left-Right; LLH-L/R, Legs-Lung-Heart Left-Right, also detachable from Avatarbot.

Human natural 5 senses (vision, hearing, smell, touch, taste) and any added artificial sensors are input analog to natural and/or artificial brain neural network multi-variable weighted systemic processing to verbal/action output of natural body, super body and/or artificial body avatarbot/neurobot.

22) SUPERAUTO: Super Auto Vaccines/Supplements/Tests/Exercises/Nutrients

SAV (Super Auto Vaccines), SAT (Super Auto Tests), SAS (Super Auto Supplements), SAN (Super Auto Nutrients), SAE (Super Auto Exercises), SLR (Systemic Life Regeneration), IUI (Individual Universal Immunotherapy), ALR (Accelerated Localized Regeneration), CBM (Cell Bank Medculture), accelerate natural, tested, efficient, proven process by reducing space/time and increasing other variables trial-and-error strategies, achieving results that would take hundreds, thousands or millions of years to achieve, via current, traditional neoclassic, passive science or natural evolution. Active Science accelerates/changes nature.

Individual Natural Service IUI-CBM, Individual Universal Immunotherapy from Cell Bank Medculture, generates SAV, Super-Auto-Vaccines, nano intra-skin Patch-Pill-Spray, ex-vivo pathogen mRNA in Human Cells for in-vivo antigen sub-unit mosaic, Antibodies. SAS Super-Auto-Supplements, ex-vivo individual Human Cell produced nano-intra-skin supplements and mRNAs. IUI-CBM service also delivers micro intra-venal antigen-loaded-immune-cells (T/B/D-cells), other immune cells, Stromal Cells (structure/local reformed functional cells) and micro/macro supplements. Also micro-mini-catheter-injection Stem-Cells (bone marrow and local) and functional cells to specific tissues/organs. Last option mini-macro tissues/organs can be also delivered via micro-mini-macro catheter/surgery. Super-Auto-Tests/Nutirents/Exercises test needs, deliver supplements via digestive system and exercize/electric stimulation for regeneration-immunization.

Application requires multiple, ex/in-vivo, simultaneous processes to make what is achievable theoretically/empirically (lab controlled experiment) in 50-100 thousands cells to be efficient at real world Human bodies of 50-100 trillion cells. Micro fluid tests emerged in 80s, with biomedical applications, lower cost, close accuracy to macro fluid test, specially using multiple samples, testing for Adverse Drug Reaction, real world drug efficiency, substance abuse/lack

continuously/individually. SAS, Super Auto Supplement, natural Human cell exosome mRNAs can be produced replicating ex-vivo such cells, identifying natural enzymes/cytokines/hormones that produce them, then collecting and delivering them intra-skin, in-vivo to the cell donor, to produce deficient proteins. Eye Drops can also be added to the SAV-SAS nano delivery system, including anti-viral antigens/antibodies. Nano Exosome mRNAs can deliver SAS supplements as collagen production to skin. They can be produced in Cell Bank Medculture using cytokines/enzymes/hormones to induce Exosome mRNA production by cells to signal/affect neighboring cells but collected ex-vivo for in-vivo intra-skin delivery.

CFC-SAV, Cold-Flu-Covid Super-Auto-Vaccine, is a Skin Patch, Nasal Spray, Sub-lingual Pill Anti-Viral Mini-Kit. Ex-vivo mRNAs/inactive/fragment virus, from wholesale market vaccines, produce from ex-vivo Human Cells, sub-unit antigens and/or antibodies. Viral lipid exosome-mosaic is dry frozen, nano packed and released from mini patch-spray-pill kit available for retail/delivery sale with consumer self application. Intra-muscular controversial in-vivo vaccines will be forgotten in past as will all anti-symptomatic/anti-defense viral drugs and consequential viral hospital emergency visits. Symptoms as congestion, inflammation, fever, pain are the first line of defense of the human body and neutralizing them with drugs increase the probability of infection spread.

In-vivo mRNA vaccines send mixed confusing messages to our immune system, that there may be a cell infection, generating an immune cell attack and/or that antigen is benign. Vaccination efficiency is proportional to vaccine coverage, partial vaccination raises viral load circulating, create/spread viral mutations, generating an endemic instead of eradication. Allopathic Medicine distortion of Biologic Medicine include partial-vaccination (non-vaccinated raise pathogen load, create natural selection mutations), in-vivo non-human mRNA vaccines (confuse immune system over in-cell contamination) and anti-symptomatic-drugs (symptoms are defenses). Ex-vivo mRNA, producing fragment/mosaic/whole sub/unit antigens using Human Cells, can produce antibodies and antigen loaded B/T/D-Immune-cells to prevent/cure. Curative IUI Individual Universal Immunotherapy, "Individual Vaccine", can produce curative/preventive Individual antigens, antibodies and antigen loaded B/T/D-Immune-Cells, using Individual CBM Cells Bank Medculture, but also collective preventive SAV Super Auto Vaccine with collective antigens and adjuvant antibodies in intra-skin nano-lipid-exosomes.

The economic/health abuse drug industry is particularly against this technique because of the potential to scale, significantly reduce their revenues and substance abuse Life Abandonment, aka deaths, of +25 Million/year. SUPERAUTO: Super Auto Vaccines, Tests, Supplements, Exercises and Nutrients.
Anti-symptomatic drugs reduce 1st bio-body defense line (congestion, fever, pain and inflammation); No-Vaccination reduces 2nd bio-body defense line

(Antibodies); Partial-Vaccination reduces 2nd/3rd bio-body defense line (Antibodies/T-cells are less effective with higher viral load and mutations). Rejuvenation-Regeneration from 25-95 requires maintaining natural hormone levels at around 1.5% a year (gender/height), fixing circumstantial-evolutionary genetic decline, with supplementation of white/stromal/stem cells, specially for those with genetic/environment cancer and/or immune/regeneration dysfunction. IUI EX-VIVO VACCINATION can produce Antibodies and Antigen loaded Immune Cells outside body for in-vivo delivery.

Hormonal genetic decline shrinks human cell-count/tissues/organs/body, including lymph nodes, where specific adaptive immune cells are loaded/trained with pathogen antigens. Specially in the main lymph node, the THYMUS, where T-cells receive positive/negative training, testing, selection, based on their capacity to identify/attack pathogens and not attack same DNA Human cells. These lymph nodes/Thymus can be maintained, regenerated and/or complemented with Individual Universal Immunotherapy, where the in-body natural process is replicated/accelerated out-body/in-vitro/in-lab, so that tested antigen ready/loaded antibodies/immune cells bank can be reintroduced into same DNA donor Human.

All pathogens (virus, bacteria, cancer, fungus, toxins) can be eliminated and aging reversed with supplemented stromal/stem cells, hormones, enzymes, cytokines, mRNAs, vDNAs. This process is a NATURAL replication/maintenance of a declining tested process. Artificial strategies can only be deployed after the natural developed strategies are reinstated. Pseudo-patented treatments that copycat nature but add an artificial/unnecessary/inefficient step or just rename a natural process must be avoided (such as calling a mRNA exosome a nano-lipid particle), making unnecessary changes just to get a patent and use it to abuse monopoly power to price gouge consumers.

EX-VIVO vDNA/mRNA Human Cell Production sub-unit/fragment viral protein mosaic-exosome antigens, antibodies, antigen loaded immune cells, delivered flash-dry frozen in patch-spray-pill kit to point of contagion for prevention and/or cure. Human Polyclonal Antibodies with variety of paratopes to match many pathogen epitopes can be delivered alone or as adjuvant to ex-vivo multi sub-unit vaccine for highest real world prevention/cure efficiency.
SAV Multi-Sub-Unit-Vaccine+Antibodies-Adjuvant, SAS Hormone+Antibodies.

Micro fluid tests emerged in 80s, with biomedical applications, lower cost, close accuracy to macro fluid test, specially using multiple samples, testing for Adverse Drug Reaction, real world drug efficiency, substance abuse/lack continuously/ individually. The economic/health abuse drug industry is particularly against this technique because of the potential to scale, significantly reduce their revenues and substance abuse Life Abandonment, aka deaths, of +25 Million/year.
Skin is largest, less invasive organ to deliver external natural regeneration to

compensate internal natural decline because of obsolete evolutionary circumstance. Nano/Micro Antigens, Antibodies, Hormones, Collagen, Nutrients can be mass low cost delivered to Body via Skin, including from a macro molecule to a nano/micro and back to macro once inside (triple helix fibril peptide/aminoacid +vitamins/ minerals) or from a nano/micro delivery system.

Systemic Permanent Life Protocol supports/regenerates Systemic Life, cells with natural integration and regeneration systems, to Regenerate by Replicating-Repairing-Reforming-Replacing-Revoking cells, in-vivo and/or ex-vivo, with Skin/Nasal/Sub-lingual (patch/spray/pill) nano-micro-supplementation, than Blood-Lymph-Marrow fluids micro-mini supplementation (vascular/inter-cellular catheters) and as last resort macro-mega tissue/organ supplementation (mini-macro surgery/3D bio-printing/scaffolding).

Replicate (divide) cells with hormones/enzymes/mRNAs; Repair (fix) genome/chromatin/telomere with DNA sirtuins, enzymes (telomerase) and epigenome with OSK factors, Oct/Sox/Klf-4; Reform (change cell function) with local cell exosome/cytokine signaling/changing connective stromal cells to functional cells; if not effective Revoke (neutralize/destroy) with antibodies and immune cells; Replace (substitute) with vascular cells from general marrow/blood Stromal connective cells. Biologic regeneration is natural/unlimited, aging is evolutionary/circumstantial and reversible genetically, epigenetically and at cellular in/ex-vivo body levels.

MLT: Micro-Testing-Laboratory, Micro-Lab, Cell Phone Microscope, using reacting strips to place micro-fluids, as skin-blood/sweat, saliva, urine, to be examined via a Microscope, using cell phone microscopy video camera attachment, sending images for Artificial Intelligence computer analysis.

55 million Life abandonment/year (aka"death"w/ 99.99% living cells) reduced to ZERO with Mandatory Global Permanent Life Protocol.

ALL-AGE REJUVENATE-REGENERATION Vaccines-Tests-Supplements.
SAV Super-Auto-Vaccine, SAT Super-Auto-Test, SAS Super-Auto-Supplement.
IUI Individual Universal-Immunotherapy.

SLR Systemic-Life-Regeneration, ALR Accelerated-Localized-Regeneration.
Super-Blood/Super-Skin/Super-Bone Life-Regeneration.

Hormones, Growth-Factors, Enzymes, Stem-Cells, Stromal-Cells, White-Cells Sugars, Lipoproteins, Water. GDF11, Telomerase, Antibodies, T-cells, B-cells, Macrophages, Cyclodextrin, Trehalose, Hydration, HDL.

SAV/SAS/SAT/SAN
Microfluid-Ejection-Testing
Intra-Venal-Robot-Injection-Ejection
Intra-Dermal-Spring-Injection-Ejection
Intra-Muscular-Spring-Injection-Ejection
Intra-Skin-Patch-Sub-Lingual-Pill-Nasal-Spray
Super-Auto-Vaccine-Supplement-Test-Nutrition

Super-Skin-Full-Body-Suit-Patch.
Skin-Patches-Nasal-Sprays-Sub-Lingual-Pills.
Nano-Exosomes-Antigens-Antibodies-mRNAs.
Skin-Largest-Organ-Nano-Direct-Access-Regeneration.
mRNAs-Collagen-Glycoproteins-Enzymes-Supplements.
Nano
Intra-Skin
SAV-SAS-SAT
Natural-Individual-Service
Antigen-Antibody-Patch-Pill-Spray
Human-mRNA-Exosome-Supplement
Super-Auto-Test-Vaccine-Supplement
Anti-Virus-Bacteria-Cancer-Aging-Toxin
Disease-Immunity-Substance-Abuse-Test

SAS
Antibodies
IgA-IgD-IgE-IgG-IgM
SAS-Super-Auto-Supplement
Human-Polyclonal-Antibodies
Antibody-Patch-Pill-Spray-Kits
Dry-Frozen-Trehalose-Trehalase
Cancer-Virus-Bacteria-Toxin-Cure
Multi-Antigen-Epitopes-1-2-5-Paratopes
Ex-Vivo-Human-Cell-Culture-Productions

G$
Yearly
Self-Applied
Mail-In-Or-Retail
Super-Auto-Vaccine
Intra-Arm-Skin-Patch
Sub-Lingual-Pill-Nasal-Spray
Intra-Arm-Muscule-Spring-Injection
Multi-Viral-Exosome-Mosaic-Multi-Fragment

$1dose
Disease
Eradication
Life-Campus
Covid-Cold-Flu
Ultra-Low-Cost
SAV-Super-Auto-Vaccine
Mail-Retail-Patch-Pill-Spray
Exosome-Mosaic-Multi-Viral-Fragments
Local-Production-Distribution-Self-Application

Under-$1-Cost
Preventive-Curative
SAV-Super-Auto-Vaccines
SAS-Super-Auto-Supplements
Dry-Frozen-Polyclonal-Antibodies
Dry-Frozen-Multi-Viral-Subunit-Fragments
Spray-Patch-Pill-Multi-Viral-Point-Of-Entry-Exit
Attack-Cause-Not-Defense-Symptom-80%-Efficient

Life-Campus
Super-Auto-Testing
Super-Auto-Vaccine
Super-Auto-Supplement
Life-Regeneration-Immunity
Repetitive-Historic-Micro-Fluid-Tests
Monitor-Gradual-Rejuvenation-Regeneration
ADR-Adverse-Drug-Reaction-Substance-Abuse
Hormones-Cells-Antibodies-Pathogens-Supplements

Mesbank-Cell-Banks
Super-Auto-Vaccines
Permanent-Life-Modules
Super-Auto-Supplements
Individual-Universal-Immunotherapy
Flash-Dry-Frozen-Trehalose-Cryo-Preserved
Enzyme-Trehalase-Electric-Stimulus-Defrosting

Systemic-Permanent-Life-Protocol
Regeneration-Decline-Aging-Reversable
Circumstantial-Evolutionary-Genetic-Aging
Nutrients-Exercises-Vaccines-Tests-Supplements
Natural-Proven-Regeneration-Rejuvenation-Process

Health
G$-Global
Medical-Dividend
Nutrition-Exercise
Regeneration-Immunity
Vaccination-Testing-Supplementation
No-Substance-Abuse-No-Anti-Symptomatic
Low-Cost-Mandatory-Permanent-Life-Protocol

Global
G$1-Cost
SAV-SAT-SAS
8-billion-Units
Mail-Retail-Delivery
Flash-Dry-Frozen-Patch
Micro-Needle-Nose-Tongue-Arm
Super-Auto-Vaccine-Test-Supplement
Permanent-Life-Protocol-Medical-Dividend
Vaccine-No-Substance-Abuse-Regeneration

Super-Food
8-Billion-Humans
Height-Gender-Age-Profile
25-Years-Permanent-Age-Paradigm
Super-Auto-Vaccine-Supplement-Test-Match-Dose
55-Million-Year-Lives-Abandoned-Preventive-Ending

Super-Auto-Testing-Micro-Fluid
Super-Auto-Vaccine-Supplement
Arm-Sub-Lingual-Patch-Hydration
Sugar-Micro-Needle-Flash-Dry-Frozen
Life-Gradual-Regeneration-Immunization
Permanent-Life-Paradigm-Protocol-Product

Permanent-Life
Multi-Pathogen-Vaccine
Regeneration-Supplementation
Under-$1-Dose-And-Application
Skin-Sublingual-Hydration-Absorption
Super-Auto-Vaccines-Tests-Supplements
Lowest-Cost-Highest-Performance-System
Patch-Strip-Sugar-Protein-Dry-Freeze-Delivery

SAV-SAT-SAS-Super-Auto-Vaccine-Test-Supplement.
Vaccination-No-Substance-Abuse-Regeneration.
Drop-55Million-Life-Abandonment-to-5Million.
IUI-SLR-ALR-PLM-Life-Campus.
Drop-5Million-year-to-ZERO.

8-Billion-Lives.
Prevention-Regeneration.
Permanent-Life-Technology.
Global-Mobile-Medical-System.
Medical-Fund-Insurance-Dividend-Reward.
SAV/SAT/SAS-Super-Auto-Vaccine-Test-Supplement.
Cold-Flu-Covid-Eradication-Global-Annual-Simultaneous-Vaccination.
SAV-Spring-Patch-Pill-Spray-Exosome-Mosaic-Multi-Fragment-Protein-Vaccine.
SAT-Microfluid-Proof-Of-Vaccination-No-Substance-Abuse-Supplementation-Test.
SAS-Nutrition-Exercise-Hormone-Enzyme-Cytokine-mRNA-Regeneration-Supplementation.

SAV/SAT/SAS: Super Auto Vaccine, Super Auto Test, Super Auto Supplement, Cellular Regeneration, Repair/Divide/Destroy/Supplement, 10-20-Years-Age-Reduction, Regenerate 95-85-75-65-55-45-35.
SUPERVAC/AUTOVAC/SAV, Super Auto Vaccine: Super Vaccine, Immunizes/cures immediately by concentrating, supplementing, testing, antigen loading immune cells/antibodies ex-vivo/in-vitro (outside body) before in-vivo vascular (re)injection, against virus, bacteria, cancer, fungus, toxin, trauma, aging.
Blood Centrifuge Concentration: White Cell (antigen loading)/Red Cell (oxygenation).

Cell Bank: refrigerated, hibernated, cryo/dry freeze, trehalose cryopreservation.
Cellular Medculture: Customized Individual Genetic Human Cellular Medculture mass/flexible production; Cell based production of vitamins, minerals, lipids, carbohydrates, proteins, enzymes, hormones, vaccines, antigen loaded immune cells/antibodies.

Auto Vaccine, self-applied vaccine system, for pathogens as aero-contaminant, repeat, multiviral, ultra low cost, non-cure, preventive, with delayed immunization. Uses animal cellular Medculture harvesting to produce ex-vivo (in-vitro/lab) viral proteins using RNA/DNA, and/or artificial/synthetic viral (poly) peptides (sub-protein), packed in nano-particles/nano-lipids, to be delivered as a auto-applying spray/cream/drop at the main point of contagion, transmission, replication, in this case nasal/respiratory, as sub-lingual pill, mini-needle spring intramuscular injection and micro-needle 3D print intradermal patch. Can be sold directly on line/delivery to consumers and/or local pharmacies, convenient/grocery stores, ending abusive use of symptomatic drugs that reduce immune defenses, leading to

pneumonia/emergency/hospitalization).

Auto vaccines ampoules with a bottom automatic spring injection (with a intramuscular and/or subcutaneous range or angle of insertion), plus a top nasal spray, plus a solid ambient temperature sublingual dissolving preserving polymer-eatable-nutritional (as cellulose/alginates), plus intradermal micro-needle 3D printed patch, to mobilize immune system immediately, including at point of contagion, at a frequency and coverage (target 100%) that will deliver +10 times efficacy for 10 times less production and distribution cost.

Multiviral/Mosaic Binding-Receptor-Domain nano particles ex-vivo vaccine eradicates Covid-Flu-Cold with preventive mandatory, annual, simultaneous AutoVac spring-pill-patch-spray delivery and curative SuperVac, ex-vivo antigen/antigen receptor loaded immune cells and antibodies.

AUTOSUP/SAS, Super Auto Supplements: Auto low cost pill, patch, spray, spring injection of nutrient, metabolic, regeneration supplementation, as vitamins, proteins, glucose/trehalose, hormones, enzymes, mRNAs (messenger)/vDNAs (vector/vehicle) for human cell protein production. Ex-vivo/IUI or in-vivo/SAV supplement. Nutrition (protein/aminoacids, vitamins, glucose, lipids), Enzymes (as telomerase, telomere extension, HTC, Hydride Transfer Complex, protects cell against hypoxia/lack of oxygen), Cytokines (cell signaling against trauma/bacteria/virus/toxin/cancer as chemokines, interferons, interlukins, lymphokines, Tumor necrosis Factors), Hormones, Growth Factors, Trehalose (insect sugar, cryopreservative, protects cell membranes against dehydration, high/low temperature, hypoxia, can be converted to glucose with trehalase and the opposite with glucase).

AUTOTEST/SAT, Super Auto Test: blood/saliva/urine multi microfluid testing, multi auto delivery system directly to consumer, patient, authorities proof for Medical Dividend/Reward.

IUI/SAV/SAT/SAS System: Super Auto Vaccine/Super Auto Test/Super Auto Supplements, spray/pill/patch/spring injection multi vaccine and blood/saliva/urine multi microfluid testing, multi auto delivery system directly to consumer, patient, authorities for immunization, prevention, proof for Medical Dividend/Reward; SAS ex-vivo/IUI or in-vivo/SAV supplement.

Individual Universal Immunotherapy, accelerates natural tested immuno response, reducing space/time of process ex-vivo, as re-introducing in-vivo antigen loaded immune cells tested ex-vivo, a process that could take more time/space in-vivo to develop, resulting in a symptomatic disease that could even be fatal, leading to Live abandonment as a result as heart/brain electric failure. SAV/SAT/SAS are preventive/pre-sympthomatic, IUI is post-sympthomatic/curative. Delivery by

spray/pill/patch/spring (intramuscular spring auto injection), intramuscular/vase needle injection, nano/micro/mini/macro catheter/surgery/bot.

SAV: Super Auto Vaccine, self-applied mail/retail distributed nasal spray, sub-lingual pill, arm patch, intramuscular arm auto spring injection, containing ex-vivo pathogen proteins/fragments antigens to stimulate immune supplementation, regeneration, antibodies (second line of defense). Complements first line of defense (congestion, inflammation, pain, fever) that should not be eliminated by anti-symptomatic drugs and third line of defense, as t-cells, macrophages, that eliminate contaminated/dysfunctional cells, that should not be stimulated by mRNA (messenger) vDNA (vector) in-vivo vaccines, that simulate benign cell contamination, generating unnecessary short-term stronger auto-immune response and subsequent disarming of immune response. High efficacy (in clinical trials, that should not use placebos) translated to high efficiency/effectiveness in real world if vaccination general, mandatory, simultaneous, starting at isolated epidemic hotspots. mRNA/vDNA vaccines did not show same efficacy to efficiency because of partial-vaccination. EX-VIVO mRNA Human Cell Production sub-unit/fragment viral protein mosaic-exosome vaccine, antibodies, antigen loaded immune cells, delivered flash-dry frozen in patch-spray-pill kit to point of contagion for prevention and/or cure.

IUI: Individual Universal Immunotherapy, accelerates ex-vivo immune regeneration, supplementation and efficiency. Reduces space-time/trial-error strategies compared to in-vivo slower response to pathogens and any aging dysfunctional cells, as senescent cells, that can be eliminated, stimulating healthy cells and/or fixed by in-vivo/ex-vivo supplementation (SAS), including mRNA to produce Human Proteins to fix/protect cells, instead of pathogen proteins as in current vaccines.

SAT: Super Auto Test, micro-fluid home-office testing, for proof of immunization/vaccination, no-substance abuse, no pathogen-disease testing, regeneration nutrition/supplementation level needs, Permanent Life Protocol and Medical Dividend payments as incentive to self-health cooperation instead of self-destruction semi-suicide, associated with perception of degrading quality of life with aging.

SAS: Super Auto Supplementation, Activating-Regenerating Genome-Epigenome-Proteome, Nutrition (ex-vivo digested nutrients), Hormones (inter-organ cellular chemical messenger trigger), Cytokine (inter/intra cellular chemical messenger/signaling), Enzyme (catalyst/rate of messaged reaction), mRNA (in-vivo final gene to protein production messenger), vDNA (vector direct message to DNA to then generate mRNA/protein), Protein (message execution product), Gene (genetic engineering and/or specific activated gene program to generate the protein). They can stimulate cell replication/division and/or fixing (cancer,

senescent, dysfunctional cells), including back to hardware "factory default" or software "reboot", young cell with original gene activations for the particular cell/tissue/organ, as transcription factor proteins Oct4/Sox2/KLF4 back to young cell and plus C-myc back to stem cell.

SAVs/SATs/SASs-Super-Auto-Vaccines-Tests-Supplements preventive immunization vaccinations, no-substance abuse testing, nutrition supplementation, re-acceleration of natural process regeneration with hormone/enzyme decline reversal, combined with immune system supplementation to decelerate dysfunctional cells, but also to mRNA repair them. Dysfunctional/cancer/senescent cells can be destroyed, replaced and/or repaired with exosome mRNA, returning cell to original young state, creating proteins that protect Genome (DNA repair), Epigenome (cell function gene expression) and Proteome (needed proteins).

23) SLR/ALR Systemic Life Regeneration/Accelerated Localized Regeneration

Every year over 60 million lives are abandoned with +99.99% living cells by traditional neoclassic allopathic medicine to be buried or burned just like Cavemen over 10,000 years ago.

Biologic Medicine of Permanent Life offer a paradigm, protocol, product and service to protect Permanent Life at Systemic, Cellular, Atomic, Genetic and Informatic levels.

Life can be preserved indefinitely at the Systemic Level with reversal of regeneration decline with immunity and regeneration supplementation.

Ex-vivo immune/stromal/stem cells can revoke and replace unhealthy cells to then reactivate replication, reform and repair with mRNAs, enzymes, cytokines, hormones and proteins.

FOREVER
REJUVENATION
REGENERATION
Human Body/Cells
fixed (mRNA/vDNA),
reinforced (mRNA/vDNA)
protected (immune system),
destroyed (immune system),
replaced (stem/stromal cell),
divided (telomere extension),
stimulated (cytokine signaling),
nurtured (vascular glucose supplementation),
oxygenated (vascular oxygen supplementation).

Natural-Regeneration-Reactivation
Ex-Vivo-Super-Skin-Short-Term-Youth
In-Vivo-From-90-To-25-In-60-Years-Youth
Ex-Vivo-Unhealthy-Cells-Revoked-Replaced
In-Vivo-Healthy-Cells-Replicated-Repaired-Reformed
Stem-Immune-Stromal-Cells-Antigens-Antibodies-Supplement

Olife.
Permanent-Life.
Cell-Regeneration.
Cell-Bank-Medculture.
Systemic-Life-Regeneration.
Individual-Universal-Immunotherapy.
Replicate-Repair-Reform-Replace-Revoke.

Systemic-Life-Regeneration-Immunization.
Monthly-Intra-Skin-Nano-Antigens-Antibodies.
Revoke-Replace-Reform-Repair-Replicate-Cells.
Yearly-Intra-Venal-Micro-Immune-Stromal-Cells.
Mini-Micro-Catheter-Tissue-Organ-Supplementation.
C-Life
Permanent-Life
Cell-Regeneration
#1-Revoke-Replace
#2-Repair-Replicate-Reform
#1-Ex-Vivo-Immune-Stromal-Cells
#2-mRNA-Exosomes-Hormones-Enzymes-Cytokines
Gradual-4%-Supplementation-Year-Down-To-25Years

Systemic-Life-Regeneration-Protocol.
Replicate-Repair-Reform-Replace-Revoke.
In-or-Ex-Vivo-Cell-Reform-mRNA-Exosomes.
Ex-Vivo-Antigen-Loaded-Immune-Stromal-Cells.
Revoke-Replace-Reform-Lower-Risk-Ex-Vivo-Cells.
Revoke-Replicate-Repair-Higher-Risk-In-Vivo-Cells.

+90-Regeneration-Decline-Gradual-Reacceleration-To-50-25.
Revoke-Unhealthy-Cells-With-Ex-Vivo-Immune-Cells-Antibodies.
Replace-Revoked-Cells-With-Ex-Vivo-Stem-Stromal-Cells-Intra-Venal.
Reactivate-Cell-Replication-Reform-Repair-with-Ex-vivo-mRNAs-Intra-Venal.

SLR (Systemic Life Regeneration), ALR (Accelerated Localized Regeneration), SAV (Super Auto Vaccine), SAT (Super Auto Test), SAS (Super Auto Supplementation), IUI (Individual Universal Immunotherapy), accelerate a natural,

tested, efficient, proven process by reducing space/time and increasing other variables trial-and-error strategies, achieving results that would take hundreds, thousands or millions of years to achieve, via current, traditional neoclassic, passive science or natural evolution. Human Cells can REgenerate indefinetly. Human Cells can be REpaired, REplaced, REformed, REplicated and REvoked.

Human Induced Pluripotent Stem Cells HiPSC generates Individual cell lines for all Human cells, as using gene transcription factors cMyc, Oct3/4, Sox2, Klf4, also embryonic stem cells, all with same DNA, starting from drop of blood of donor or skin cells. SCNT somatic Cell Nuclear Transfer also generate embryonic, pluripotent stem cells from egg and somatic cells from a drop of blood or skin cell. Regeneration is natural, its in-vivo circumstantial evolutionary decline can be reversed ex-vivo, with immune/stromal/stem cells supplementation, to revoke/replace cells before repair/replicate/reform cells is reactivated via mRNA/Hormone/Enzyme/cytokine supplementation, after dysfunctional cells are eliminated. Nano Exosome mRNAs can deliver SAS supplements as collagen production to skin. They can be produced in Cell Bank Medculture using cytokines/enzymes/hormones to induce Exosome mRNA production by cells to signal/affect neighboring cells but collected ex-vivo for in-vivo intra-skin delivery.

Active Science accelerates/changes nature. Application requires multiple, ex/in-vivo, simultaneous processes to make what is achievable theoretically/empirically (lab controlled experiment) in 50-100 thousands cells to be efficient at real world Human bodies of 50-100 trillion cells. Dilemma of stimulating healthy versus dysfunctional cell growth (division/repair hormones/enzymes as DNA telomere extension telomerase or DNA repair Sirtuin proteins) or destruction in-vivo can be solved by initial processing/supplementing blood/lymph, stromal connective/function-reform cells, antigens/antibodies and immune cells ex-vivo.

Systemic Life Regeneration-Rejuvenation Cell-Bank Supplementation.
In-Vivo/Body extraction, Ex-Vivo/Lab replication, In-Vivo/body supplementation.
Flash dry frozen trehalose cryo-preserved cells, water/electric/trehalase reactivation. Remove/repair/replace senescent/dysfunctional cells before/during telomere increase. IUI(Individual Universal Immunotherapy) and SAV/SAS(Super Auto Vaccine/Supplement).

Hormones/Enzymes/mRNA supplement to increase cell division(increase telomere),repair (mRNA epigenome restoration)and IUI/SAV/SAS destroying senescent/dysfunctional cells.
1)Blood(extract/replicate/supplement stromal/red/white cells).
2)Lymph(extract/replicate/supplement antibodies/immune cells).
3)Bone Marrow(extract/replicate/supplement stem cells).
4)Skin(extract/replicate/supplement collagen/epithelial cells).
5)Organs(extract/replicate/supplement specialized cells)

(macro-mini-micro intra-tube-vascular/inter-cellular catheters).
6)Hormone/Enzyme/mRNA supplement (+1.5% year from 25+cell supplements).
(compensate 1.5% year hormone decline from 25, varying with gender/height, compensate growth of dysfunctional cells with functional cells supplements and dysfunctional cell suppression with immune cell/antibodies supplements).

Rejuvenation-Regeneration from 25-95 requires maintaining natural hormone levels at around 1.5% a year (gender/height), fixing circumstantial-evolutionary genetic decline, with supplementation of white/stromal/stem cells, specially for those with genetic/environment cancer and/or immune/regeneration dysfunction. Hormonal genetic decline shrinks human cell-count/tissues/organs/body, including lymph nodes, where specific adaptive immune cells are loaded/trained with pathogen antigens. Specially in the main lymph node, the THYMUS, where T-cells receive positive/negative training, testing, selection, based on their capacity to identify/attack pathogens and not attack same DNA Human cells. These lymph nodes/Thymus can be maintained, regenerated and/or complemented with Individual Universal Immunotherapy, where the in-body natural process is replicated/accelerated out-body/in-vitro/in-lab, so that tested antigen ready/loaded antibodies/immune cells bank can be reintroduced into same DNA donor Human.

All pathogens (virus, bacteria, cancer, fungus, toxins) can be eliminated and aging reversed with supplemented stromal/stem cells, hormones, enzymes, cytokines, mRNAs, vDNAs. This process is a NATURAL replication/maintenance of a declining tested process. Artificial strategies can only be deployed after the natural developed strategies are reinstated. Pseudo-patented treatments that copycat nature but add an artificial/unnecessary/inefficient step or just rename a natural process must be avoided (such as calling a mRNA exosome a nano-lipid particle), making unnecessary changes just to get a patent and use it to abuse monopoly power to price gouge consumers.

SLR: Systemic Life Regeneration, Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

ALR: Accelerated Localized Regeneration, 3D bio in/ex-vivo, tumor/trauma/defect immune/structure, cells/cytokines/enzymes/nutrient/RNA/DNA, nano/micro/mini infusion, as via a micro catheter, has lower cost higher performance than traditional

macro or micro surgery/chemo/radio interventions, macro being the worst in terms of invasive high risk higher costs lower performance, often directly and indirectly lethal, as infections, hemorrhage, thrombosis or cancer.

Access to cells to repair, replace, divide, stimulate and/or supplement:
1) Skin System micro-needles/catheters/cremes via inter-cellular space/pores.
2) Vascular System mini/micro-catheters via capillaries,arteries,veins,lymph vases.
3) Digestive System mini-micro catheters, solid/liquid nutrition.
4) Respiratory System mini-micro catheters, gases.
Skin is easiest to reach and regenerate cells and structural components.

Creams, patches, micro-needles, micro-catheters via intercellular space/pores can regenerate, fix, replace, divide, stimulate, supplement, improve to Super Skin.
BCS: Bio/Cyber/BioCyber SuperSkin, for Humans (regeneration, protection and/or supplementation), Abots (Avatar cyber digital robot-vehicle), Nbots (Neuro bio-cyber analog doctor-robot-donor).

DBS: 3D-Bio-Suit: scaffold, growing medium, for fibroblast/keratin/endothelial/immune cells and collagen. Cover defects/folds/wrinkles and/or supplement/fix internal skin/muscle cells/collagen. Supercells with genetic improvements, advantages, cyber add-on, graphene scaffold.

MNS: Micro-Needle-Suit. accelerated regeneration of current old skin introducing homogeneously/simultaneously in whole body, via micro-needles, new fibroblast/keratin/endothelial/immune cells and collagen.
MIC: Micro-Injection-Catheter, Muscle Satellite Stem Cells, Fibro/Adipogenic Progenitors (FAPs) Injection, deeper endothelial dermal cells can accelerate skin/muscle regeneration, combined with exercise, nutrition, protein/cytokine/hormone/enzyme/mRNA stimulus/growth factors.

SAV: Super Auto Vaccine, self-applied mail/retail distributed nasal spray, sub-lingual pill, arm patch, intramuscular arm auto spring injection, containing ex-vivo pathogen proteins/fragments antigens to stimulate immune supplementation, regeneration, antibodies (second line of defense). Complements first line of defense (congestion, inflammation, pain, fever) that should not be eliminated by anti-symptomatic drugs and third line of defense, as t-cells, macrophages, that eliminate contaminated/dysfunctional cells, that should not be stimulated by mRNA (messenger) vDNA (vector) in-vivo vaccines, that simulate benign cell contamination, generating unnecessary short-term stronger auto-immune response and subsequent disarming of immune response. High efficacy (in clinical trials, that should not use placebos) translated to high efficiency/effectiveness in real world if vaccination general, mandatory, simultaneous, starting at isolated epidemic hotspots. mRNA/vDNA vaccines did not show same efficacy to efficiency because

of partial-vaccination.

IUI: Individual Universal Immunotherapy, accelerates ex-vivo immune regeneration, supplementation and efficiency. Reduces space-time/trial-error strategies compared to in-vivo slower response to pathogens and any aging dysfunctional cells, as senescent cells, that can be eliminated, stimulating healthy cells and/or fixed by in-vivo/ex-vivo supplementation (SAS), including mRNA to produce Human Proteins to fix/protect cells, instead of pathogen proteins as in current vaccines.

SAT: Super Auto Test, micro-fluid home-office testing, for proof of immunization/vaccination, no-substance abuse, no pathogen-disease testing, regeneration nutrition/supplementation level needs, Permanent Life Protocol and Medical Dividend payments as incentive to self-health cooperation instead of self-destruction semi-suicide, associated with perception of degrading quality of life with aging.

SAS: Super Auto Supplementation, Activating-Regenerating Genome-Epigenome-Proteome, Nutrition (ex-vivo digested nutrients), Hormones (inter-organ cellular chemical messenger trigger), Cytokine (inter/intra cellular chemical messenger/signaling), Enzyme (catalyst/rate of messaged reaction), mRNA (in-vivo final gene to protein production messenger), vDNA (vector direct message to DNA to then generate mRNA/protein), Protein (message execution product), Gene (genetic engineering and/or specific activated gene program to generate the protein). They can stimulate cell replication/division and/or fixing (cancer, senescent, dysfunctional cells), including back to hardware "factory default" or software "reboot", young cell with original gene activations for the particular cell/tissue/organ, as transcription factor proteins Oct4/Sox2/KLF4 back to young cell and plus C-myc back to stem cell.

Systemic Permanent Life Protocol supports/regenerates Systemic Life, cells with natural integration and regeneration systems, to Regenerate by Replicating-Repairing-Reforming-Replacing-Revoking cells, in-vivo and/or ex-vivo, with Skin/Nasal/Sub-lingual (patch/spray/pill) nano-micro-supplementation, than Blood-Lymph-Marrow fluids micro-mini supplementation (vascular/inter-cellular catheters) and as last resort macro-mega tissue/organ supplementation (mini-macro surgery/3D bio-printing/scaffolding).

Replicate (divide) cells with hormones/enzymes/mRNAs; Repair (fix) genome/chromatin/telomere with DNA sirtuins, enzymes (telomerase) and epigenome with OSK factors, Oct/Sox/Klf-4; Reform (change cell function) with local cell exosome/cytokine signaling/changing connective stromal cells to functional cells; if not effective Revoke (neutralize/destroy) with antibodies and immune cells; Replace (substitute) with vascular cells from general marrow/blood

Stromal connective cells. Biologic regeneration is natural/unlimited, aging is evolutionary/circumstantial and reversible genetically, epigenetically and at cellular in/ex-vivo body levels.

External Cellular Regeneration System.
(Supplement Internal SAV-SAS-SAT-SAN-SAE).
CBM-IUI-SLR-ALR.
CBM-Cell-Bank-Medculture.
IUI-Individual-Universal-Immunotherapy.
SLR-Systemic-Life-Regeneration.
ALR-Accelerated-Local-Regeneration.

CELL LINES
HSC-Hematopoietic Stem Cells (red/white blood/lymph cells).
MSC-Mesenchymal Stem Cells (bone/cartilage/muscle/fat).
(stromal/connective/mRNA/epigenome/reform).
ESC-Epithelial Stem Cells (skin/basal cells).
NSC-Neural Stem Cells (brain/spinal cord).
DSC-Dental Stem Cells (pulp/exfoliated/periodontal/apical/follicle).
Repair (Internal/External).
Reform (mRNA/exosome/epigenome).
Divide (telomere/telomerase).

SKESIMIC
Skin-Electro-Sonic-Intercellular-Micro-Catheters. Skin nano-micro indirect access for dermal inter cellular capillary nutrition, supplementation, vaccination, testing. Skin arm-band, facial-mask or body-suit to micro deliver nano/micro lipophilic, lipid-exosomes containing hydrophilic substances to penetrate the hydrophobic skin, enhanced by electro-sonic channel inter cellular opening current/wave.

WRIBIMIC
Wrist-Band-Intravascular-Mini-Catheter. Wrist mini direct access for intravascular nutrition, supplementation, vaccination, testing. Wrist band mini delivery of micro-nano lipophilic/hydrophilic micro/nano antigens, antibodies, nutrients, supplements, cells to vascular circulation, instead of digestive or temporary macro/mini surgery.
Permanent-Life-Tech.
Super-Skin-Suits-Regeneration.
Skin-Nano-Micro-Vascular-Gateways.
Skin-Micro-Mini-Macro-Organ-Gateways.
Ex-Vivo-Customized-Scaffold-Lab-Cell-Growth.
In-Vivo-Customized-Microneedle-Patch-Growth.

24) CBM Cell Bank Medculture

Stem-Specialized-Immune Cell mass production for accelerated regeneration.
Natural Human biosystem at ideal configuration can be fully regenerated.
IUI, Individual Universal Immunotherapy, accelerates ex-vivo proven in-vivo process, changing quantity/quality/strategy of immune cell and antigen identification.

Stem/Stromal cells and other supplements can support regeneration avoiding tissue/cell elimination without new tissue/cell replacement.

Bio-reactor, Bio-Scaffold, Bio-identical DNA compatible Cells, Tissues, Organs, Bodies and Bio-Cyber Neuro-Bots.

IUI-CBM-NBOT, Super Blood-Cells/Heart-Vascular-Bio-Reactor, where tissue/blood cells develop better, in natural-like-modules, dynamic-circulating, structured bio-scaffold-sponge, narrow bio-vascular-tubes, including exposing them to pathogens for antigen identification, immune cell loading ex-vivo strategies, followed by in-vivo reintroduction.

Cell Bank Medculture bioreactor follows Human paradigm, with vases, scaffolds, dynamic cell interaction, photo-electric stimulus, ultimately reaching body format of Nbot biomodules attached to Abot exoskeleton.

Nbot, dual bio-cyber clone-robot: an Abot, self/remote/internal controlled exoskeleton vehicle with cyber support organs, in addition to bio-modular CBM, Cell Bank Medculture, replicating DNA compatible cells/tissues/organs, for regeneration supplementation. Nutrients, Hormones, Growth Factors, Cytokines, Enzymes, mRNAs, vDNAs, Blood, Aminiotic Fluid, Red/White/Stromal Cells and Platelets/Plasma.

Egg/Sperm Gametes, Embryonic cells, IPSCs (Induced Pluripotent Stem Cells), SCNTs (Stem Cell Nuclear Transfers) and Life Fluid Incubator. E-Growth of Cells/Embryos/Fetus/Humans, Plants/Animals/Cells grow faster by electric stimulation based on empirical evidence. Theoretical biological process probably involves stimulus to faster absorption of nutrients/bio-chemicals, providing energy directly to cellular metabolism, substituting and/or complementing bio-chemical energy via cell mitochondria nutrition and digestive system.
In/Ex-Vivo Micro/Macro Fluid/Cell Testing individually verifies at low cost Individual Real Efficiency, Adverse Drug Reaction, replacing high cost low efficacy general clinical trials with absent, insufficient post-trial real effect, generating even lower real efficiency.

Bio natural immune system and regeneration paradigm technologies have on average over 80% efficiency while artificial bio divergent technologies have under 40% short term clinical trial efficacy and under 20% real efficiency after long term collateral effects.

CBM, Cell Bank Medculture, produces individual specific cells/proteins recognized by immune system, generic proteins/substances less/not recognized, for generic use, using mRNA, copying nature and/or evolving natural paradigm of +1 billion years. Human cell development in inefficient petri dishes or improving to bioreactors doesn't match natural Human bio-system. Abot-Nbot modular-vascular bio-cyber scaffold-substrates, thin-vases and circulating-blood similar to Human body.

Natural Biologic medicine monthly Individual intra-skin patch, sub-lingual pill, spray self applied natural antigen-mosaic, complete fragments/sub-units of pathogen made ex-vivo from mRNA, plus antibodies adjuvant, supplement from individual cell bank. Plus yearly intra-venal antigen loaded B/T/D cells, supplement M/N/K (Macrophage, Neutrophil and natural Killer cells) and Stromal cells.

IUI-CBM-NBOT
Antibodies-IgA/D/E/G/M
Immune-Cells-T/B/D/M/N/K
Sub-Unit-Fragment-Mosaic-Antigens
Antigen-Loaded-Immune-Cells-T/B/D
Revoke-Replace-Reform-Repair-Replicate-Cells
mRNA-Enzyme-Hormone-Cytokine-Sirtuin-1/6/7
Structure-Stromal-Cells-Local-Function-Reformed

IUI-CBM-NBOT
Super-Blood-Cells
Individual-SAV-SAT-SAS-CBM-IUI
Super-Heart-Vascular-Bio-Reactor
Super-Auto-Vaccine-Test-Supplement
Antigens-Antibodies-mRNAs-Cells-Supplements
Cell-Bank-Medculture-Macro-Micro-Blood-Samples
Individual-Universal-Immunotherapy-Multi-Pathogens

IUI-CBM
Life-Campus
Life-Regeneration
Cell-Bank-Medculture
Individual-Universal-Immunotherapy
Connective-Function-Reformed-Stromal-Cells
Antigens-Antibodies-Antigen-Loaded-Immune-Cells

Individual-Cell-Bank-Medcultures
Individual-Universal-Immunotherapy
Collective-Super-Auto-Vaccine-Antigens
Individual-Super-Auto-Vaccine-Antigens-Antibodies
Collective-SAV-Lower-Cost-Less-Efficient-Antibodies

Olife
Permanent-Life
Cell-Regeneration
Cell-Bank-Medculture
Systemic-Life-Regeneration
Individual-Universal-Immunotherapy
Replicate-Repair-Reform-Replace-Revoke

Bio-3D-Printing
Permanent-Life-Tech
Mass-Flex-Individual-Cell-Bank
Cells-Tissues-Organs-Bodies-Neurobots
Biologic-Medicine-Regeneration-High-Efficiency
In-Vivo-Ex-Vivo-Bio-Regeneration-DNA-Compatible
Stop-Allopathic-Medicine-Organ-Transplant-Low-Efficiency

External Cellular Regeneration System
(Supplement Internal SAV-SAS-SAT-SAN-SAE)
CBM-IUI-SLR-ALR
CBM Cell-Bank-Medculture
IUI Individual-Universal-Immunotherapy
SLR Systemic-Life-Regeneration
ALR Accelerated-Local-Regeneration

CELL LINES
HSC Hematopoietic Stem Cells (red/white blood/lymph cells)
MSC Mesenchymal Stem Cells (bone/cartilage/muscle/fat)
(stromal/connective/mRNA/epigenome/reform)
ESC Epithelial Stem Cells (skin/basal cells)
NSC Neural Stem Cells (brain/spinal cord)
DSC Dental Stem Cells (pulp/exfoliated/periodontal/apical/follicle)

CELL REGENERATION SYSTEM
Repair (Internal/External)
Reform (mRNA/exosome/epigenome)
Replicate (telomere/telomerase)
Replace (Internal/External)
Revoke (Immune Cells)

25) MESCOPE

Mescope,
Cell-Phone Medical-Cell-Micro-Nanoscope,
Micro-Lab, Micro-Testing-Laboratory,
using reacting strips to place micro-fluids,
as skin extract blood/sweat, saliva, urine,
to be examined via a Micro-nano-scope,
using cell phone video camera attachment,
sending images to Human Artificial Intelligence,
for enhancement and computerized analysis.

Nano
Intra-Skin
SAV-SAS-SAT
Natural-Individual-Service
Antigen-Antibody-Patch-Pill-Spray
Human-mRNA-Exosome-Supplement
Super-Auto-Test-Vaccine-Supplement
Anti-Virus-Bacteria-Cancer-Aging-Toxin
Disease-Immunity-Substance-Abuse-Test

26) LIFE FLUID INCUBATOR

Pro-Choice-for-Life position does not criminalize abortion (or drugs, prostitution, suicide attempt) but seeks to bring it to ZERO with birth control, economic support, adoption and optional gestation with dry incubators and development of LIFE FLUID INCUBATORS for fetus and eventually for embryos.

E-Growth of Cells/Embryos/Fetus/Humans, Plants/Animals/Cells grow faster by electric stimulation based on empirical evidence. Theoretical biological process probably involves stimulus to faster absorption of nutrients/bio-chemicals, providing energy directly to cellular metabolism, substituting and/or complementing bio-chemical energy via cell mitochondria nutrition and digestive system.

Acar/Ocar/Olife cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analogic doctor-bot with dual-structure/organs supporting life of cell-donor.

Dry incubator 5-9 month fetus improved by Fluid Incubator 3-9 month, replicating natural womb, evolving to holding embryo and to Neurobot human size mobile fluid incubator, fully replicating human gestation.

Safer/painless labor/birth or embryo/fetus transfer to Life Fluid Incubator using contracting extraction tube inside expansion fluid tube, keeping fluid pressure. Umbilical cord internal tube re-connection to external Artificial/natural placenta (depressurizing mother/fetus blood exchanger) and maternal blood reservoir with oxygenation, nutrition, immunization and filtration supplementation.

Zero abortions can be achieved with Birth Control, Universal Capital Income, Global Medical Dividend, Parenting Economic Empowerment, Pre-Adoption/Fostering System, late transfer to Dry Incubators, Early transfer to new Fluid Incubators; Gestation Clinics; Incubator University Incubating/Coordinating System: educated, supported, invested Humans can generate on average +US$50,000 year income; +US$1,000,000 assets.

Life Fluid Incubator is the Reproduction/Cloning/Gestation/Labor of Embryos/Fetuses/Babies Module of the Permanent Life Module that can preserve Embryonic/Fetal Life or Adult Genetic/Informatic Life. It can also equip Hospitals, Clinics of Reproduction and Gestation to replace abortion practice and clinics. Also can include video-robotic extraction device and for cryo freezing storage, to remove embryo from unwanting/at risk mother, for preservation, potential re-implantation for natural development or in artificial Fluid Incubator. A wanted or unwanted embryo/fetus could be removed from natural mother or placed directly into a Life Fluid Incubator for full development.

Currently, dry incubators can receive wanted/unwanted fetus, transferred from the mother/fetus at risk or from unwanting mother, after between 5-8 month of gestation, but with development risks to the fetus, specially between 5-6 months. A Fluid Incubator, replicating the mother's womb environment with amniotic fluid, is more effective in terms of healthy fetus formation and could bring that time frame bellow 5 months. The full development of a semi-cloned (2 parent gamete DNAs) or cloned (1 parent DNA) embryo is also possible and may fully replace the natural gestation process, specially when there may be health and/or productivity risks for the mother. Also can eliminate completely the abortion of unwanted embryo/fetus that could be also cryo frozen, while the technology is not yet completely available, or a time specification development is desired for the embryo.

Abortion destroys Cellular Lives (embryos) and should be replaced with embryonic or fetal transfer to another gestation-mother, incubator (dry/air or wet/liquid) or when not yet technologically possible to cryonic preservation with cryo preservatives for future transfer. The legal prohibition of abortion is not efficient because it is not operationally possible for the government or society to control

voluntary actions of individuals over their own body in the privacy of a residential or commercial unit (in addition to the life-threatening risk to clandestine abortion actions especially without appropriate medical expertise). Incubators with aminiotic fluid, lung-heart-kidney machines (oxygenate, nourish, supplement and filter the blood of the fetus) could reduce unwanted pregnancies from an involuntary mother to less than five months. Abortion clinics could be replaced by gestation clinics and/or transfer to incubators.

Society and governments, in the interest of preservation of life and protection of minors, should not require or enforce parental responsibility with laws and criminal or civil (payments) process, as they encourage abortions, instead of encouraging gestation for later adoption or government guard in a boarding educational institution, preferably an University.

On the impossibility of voluntary gestation, as a last resort should then opt for embryo/fetal transfer (gestation-mother/incubator) when technologically possible or cryonic Atomic Life preservation for future reactivation, avoiding the abortive destruction of Cellular Life or Systemic Life. Additionally there must be development and improvement of use, multiuse, efficiency and complementary alternatives of birth control methods to eliminate the abortion practice.

Preservation (or transfer when technologically possible) of embryonic Cellular Life or fetal/child/adult Systemic Life does not generate economic deficit (expense), on the contrary generates surplus (investment) because when economically activated can generate on average higher revenues than the cost of their preservation. The destruction of Cellular or Systemic Lives generate significant economic and psychological damage to society.

The transfer and regression of Cellular Life to Atomic Life (cryonic freezing), as protective measure against its possible destruction, is valid and effective as last voluntary alternative to abortion (embryonic/fetal destruction) after parental responsibility transfer attempt (Systemic Life with full 8-9 months gestation), transfer to incubator (from 4-7 months of gestation) or embryo transfer to another mother (when technologically possible).

Advanced age Embryonic Clone donor can receive 500 ml every 2 months of blood and 200ml of bone marrow every 12 months, voluntarily from adult Clone-son or Clone-daughter, until 4.5-5.7 liters of blood and 2.8-3.5 liters of bone marrow are fully replaced, and/or via Ex-vivo C-Life Cubic Cell Culture, combined with hormone decline reversal for full regeneration.

27) C-LIFE/CLONES

Human regeneration can use new cells, mRNAs, antibodies, hormones, enzymes, cytokines, proteins, blood, bone marrow form ex-vivo C-Life Cubic-Cell-Culture and/or from in-vivo donation from embryonic and/or modular clones.

Advanced age Embryonic Clone donor can receive 500 ml every 2 months of blood and 200ml of bone marrow every 12 months, voluntarily from adult Clone-son or Clone-daughter, until 4.5-5.7 liters of blood and 2.8-3.5 liters of bone marrow are fully replaced, and/or via Ex-vivo C-Life Cubic Cell Culture, combined with hormone decline reversal for full regeneration.

CLONES

S-Clone, BES Biologic-Embryonic-Semi-Clone: natural sperm/egg gamete generated male-female conception/gestation or donated/bank sperm/egg gamete generated, gestated in Human female uterus and/or LFT, Life Fluid Incubator. New Human with new ramdom unique DNA conceived from sexual or In-Vitro-Fertilization (Bio-Child).

E-Clone, BEC Biologic-Embryonic-Clone: Transfer of cloned adult cell nucleus to female egg or genetic/epigenetic reversal of adult cell to embryonic state, gestated in Human female uterus and/or LFT, Life Fluid Incubator. Human re-development from DNA in cell nucleous or from bio/info/bio-info-reconstituted DNA (Bio-Twin-Child).

M-Clone, BMC Biologic-Modular-Clone: modular cell bank medcultured into tissues, organs, members and body; modular multi members with multi-uni oxygenation, nutrition, circulation from heart/lung/digest systems. Human re-development from cell donor image/memory replication into bio cell scaffold body/members/organs/tissues(Bio-Nbot-Neurobot).

C-Clone, CMC Cybernetic-Modular-Memory-Clone: Modular silicon semi-conductor electron and/or graphene carbon-composite photo-electron Robot, matrix memory-processor chips, memory cloning audio-visual-text/binary input. Human re-development from image/memory replication into cyber scaffold body/members/organs/tissues (Cyber-Abot-Avatarbot).

C-LIFE

C-Life CBM-IUI, Cell Bank Medculture, Individual Universal Immunotherapy, ex-vivo to in-vivo virus/bacteria/cancer/fungus/toxin/aging elimination, managing immune cells/proteins quantity/type/timing/space/strategy for immunity and regeneration.

C-Life, Cube-Carbon-Composite-Cell Bank Medculture,
Modular Systemic Life Regeneration and Immunization.
Systemic, Cellular, Atomic, Genetic, Informatic Permanent Life Levels.
Human Induced Pluripotent Stem Cells HiPSC generates Individual cell lines for all Human cells, as using gene transcription factors cMyc, Oct3/4, Sox2, Klf4, also embryonic stem cells, all with same DNA, starting from drop of blood of donor or skin cells. SCNT somatic Cell Nuclear Transfer also generate embryonic, pluripotent stem cells from egg and somatic cells from a drop of blood or skin cell. If a patient is sympthomatic it may be necessary to get a larger macro intra venal sample but if he is not it would be better to just get a micro drop for preventive purposes, in a less invasive/discomfort manner, stimulating cooperation.

C-Life, Cell-Bank-Medculture, Individual Universal Immunotherapy, replicates ex-vivo in improved conditions, the +95% in-vivo efficient biological process, that may circumstantially, because of space, time, quantity and variety dysfunction, be 5% deficient.

Natural in-vivo immune/regeneration system +95% efficient with circumstantial exceptions as unfavorable temperature/hydration/nutrition/rest/energy and space-time pathogen/immune cells/antibodies load. Ex-vivo control removes exceptions to +99% efficiency, that can be tested ex-vivo, before in-vivo introduction.

Natural In-vivo/ex-vivo developed Individual Human Polyclonal Antibodies targeting multiple epitopes on an antigen of a pathogen is more efficient/compatible than animal polyclonal antibodies and human general monoclonal antibodies. Delivered for cure/prevention intra skin/dermal/muscular/venal, including low cost self-applied skin patch/cream, nasal spray, sub-lingual pill and eye drops at point of contagion/contamination. Individual ex-vivo antigen loaded adaptive immune cells B-D-T and innate macrophages/neutrophils can also be delivered for self-application.

Cultivated DNA compatible immune/stromal cells ex-vivo allows acceleration of space-time efficiency and multi-strategy testing of an in-vivo proven natural process for Individual Universal Immunotherapy cure against virus, bacteria, cancer, fungus, toxin, trauma and aging.

Natural in-vivo regeneration revokes, replicates, replaces, reforms, repairs cells, with risk of also replicating dysfunctional cells. Ex-vivo regeneration eliminates that risk, allows supplementing and restarting/sustaining natural healthy regeneration.

Growth Factors, Enzymes, mRNAs, Sirtuins and other signaling proteins can work ex-vivo to develop healthy cells tha can be re-introduced in-vivo intra-vascular and/or via nano-micro-mini-macro catheters.

Best medium to produce DNA Biocompatible Individual Bone Marrow cells ex-vivo, as Stromal/Immune cells, for immunization/regeneration, is not petri-dish or bio-reactor, but obviously a scaffold similar to Natural Bone or Super Bone.
3D printing Calcium Phosfate Bioink, Graphene Hydrogel and other bio compatible or biodegradable scaffolds can be used for bone/superbone, Abot/Nbot exoskeleton, Cell Bank Medculture, for Mesenchymal Stromal/Stem cells, osteoblasts/osteocytes/osteoclasts erythrocytes/leukocytes (red/white immune/oxygen blood cells), replicating the BONE MARROW natural medium.
2D Graphene Superbone wrap can also enhance strength and vases/capillaries can circulate blood.

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo bone, ex-vivo bio Super-Bone, hybrid biocell+carbon-graphene-scaffold Super-Bone.

Macro-electro-mechanic Cbot/C-Life, Mini-electronic Obot/O-Life, Micro-electronic Abot/A-Life, Micro-Biologic Nbot/N-Life can produce natural in-vivo skin, ex-vivo bio Super-Skin, hybrid biocell+carbon-graphene-scaffold Super-Skin.

Super-Skin Graphene-Hydrogel, Super-Skin-Collagen, Cell-Culture-Scaffold, Super-Bone Graphene-Aerogel, Super-Bone-Marrow, Cell-Culture-Scaffold form the structure of modular member of C-Life/Cbot (Cubebot), O-Life/Obot (Omnibot), A-Life/Abot (Avatarbot) and Nlife/Nbot (Neurobot).

Modular Super-Bone, bone, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots.
Bone skeleton is structural organ of Human body, endo-bone-exit endo-supplements and age structure endo-model.

Modular Super-Skin, skin, cells, tissues, organs and members can be used by original DNA donor Humans, their clones and/or their Cbots/Obots/Abots/Nbots.
Skin is largest organ of Human body, exo-intra-skin entry exo-supplements and age appearance exo-model.

Entry Level Fixed or Mobile Module,
IUI, Individual Universal Immunotherapy,
SAV-SAS-SAT, Individual Super-Auto-Vaccine-Supplement-Test,
SLR-ALR, Systemic Life Regeneration, Accelerated Localized Regeneration,
ICU-PLM-LFI, Intensive Care Unit, Permanent Life Module, Life Fluid Incubator.

Sequential Evolving Level,
Miniaturization/Modularization,
Olife/Obot (vertical/horizontal chair),
Alife/Abot (exoskeleton avatar robot),
Nlife/Nbot (bio-cyber dual organs neuro robot).

C-Life Cell Bank Medculture include MSC-Cells (Mesenchymal Stromal/Stem Cells, bone, muscle, cartilage, adipose structure); Immune Cells as B (antiBodies),T (Thymus T cell surface receptor), D (Dendritic), M (Macrophage), N (Neutrophils), K (Natural Killers), S (MaSt), E (Eosinophils), O (basOphils); Functional Cells of all tissues/organs.

Modular table body shape is first stage for O-life/chair, A-life, exoskeleton robot, N-Life bio-cyber dual A-life plus duplicate organs tissues of autonomous Nbot doctor robot.

Mini-Me-Size.
Module-Size-+Costs.
CBM-IUI-SAV-SAS-SLR.
Mini-Max-Clife-Olife-Alife-Nlife.
Ccar-Ocar-Acar-Ncar+Cbot-Obot-Abot-Nbot.

C-Life
CBM-IUI
Mini-Macro
Cell-Bank-Medculture
Bone-Cartilage-Scaffold
Bone-Marrow-Blood-Lymph
Immune-Stromal-Stem-Red-Cell
Antibodies-Antigens-Human-mRNA
Individual-Universal-Immunotherapy
Oxygenation-Filtration-Nutrition-Circulation

Individual-C-Life
Nano-Intra-Skin-SAS
Super-Auto-Supplements
Cell-Bank-Medculture-CBMs
Systemic-Life-Regeneration-SLRs
Ex-Vivo-Unlimited-Human-Proteins
Natural-Human-Cell-Exosome-mRNAs

C-Life
IUI-CBM
Cell-Bank-Medculture
Individual-Universal-Immunotherapy
Ex-Vivo-Space-Time-Efficiency-Acceleration

C-Life
Permanent-Life
Cell-Regeneration
#1-Revoke-Replace
#2-Repair-Replicate-Reform
#1-Ex-Vivo-Immune-Stromal-Cells
#2-mRNA-Exosomes-Hormones-Enzymes-Cytokines
Gradual-4%-Supplementation-Year-Down-To-25Years

C-Life
Prevention-Cure
Cubic-Cell-Culture
Super-Bone-Cell-Scaffold
Super-Blood-Cell-Production
Nano-Intra-Skin-Antigens-Antibodies-mRNAs
Micro-Intra-Venal-Stromal-Stem-Immune-Cells
Virus-Bacteria-Cancer-Fungus-Trauma-Toxin-Parasite-Age

C-life
Cubic-Cell-Culture
Bone-Marrow-Scaffold-Cells-Donated
Replicated-Reformed-Repaired-Replaced-Revoked
Heart-Bio-Reactor-Cells-Oxygenated-Nurtured-Circulated
Spleen-Thymus-Immunizer-Cells-Trained-Antigen-Loaded

Life-Campus
Cell-Bank-Medculture
C-life-Cubic-Cell-Culture
Human-Individual-Polyclonal-Antibodies
Prevention-Cure-Antigen-Loaded-Antibodies
Antigen-Antibody-Complex-Activates-B-T-D-Cells
Nano-Intra-Skin-Delivery-Patch-Cream-Spray-Pill-Drop
Non-Human-RNA-Form-Pathogen-Sub-Unit-Mosaic-Ex-Vivo

C-Life
Life-Campus
Cubic-Cell-Culture
CBM-Cell-Bank-Medculture
Super-Bone-Skin-Cell-Scaffold
Stem-Stromal-Somatic-Immune-Cells
Antibodies-Antigens-Human-mRNAs-Proteins

Aero-Hydro-Graphene-Cell-Culture-Scaffold
CBM-Cell-Bank-Medculture-C-Life-Cubic-Cell-Culture
Antibodies-Antigens-Immune-Stem-Stromal-Somatic-Cells
Super-Bone-Graphene-Aerogel-Super-Skin-Graphene-Hydrogel

C-Life
Individual
Cube-Cell-Culture
Regeneration-Strategy
Ex-Vivo-Supplementation
Revoke-Replace-Unhealthy-Cells
Repair-Replicate-Reform-Healthy-Cells

Individual
C-Life-25cm
Super-Bone-Skin
Cubic-Cell-Culture
Scaffold-Bioreactor
Cell-Bank-Medculture
3D-2D-Graphene-Aerogel
Systemic-Life-Regeneration
Permanent-Life-Biologic-Medicine
Individual-Universal-Immunotherapy
Super-Auto-Vaccine-Supplement-Test

Natural-Regeneration-Reactivation
Ex-Vivo-Super-Skin-Short-Term-Youth
In-Vivo-From-90-To-25-In-60-Years-Youth
Ex-Vivo-Unhealthy-Cells-Revoked-Replaced
In-Vivo-Healthy-Cells-Replicated-Repaired-Reformed
Stem-Immune-Stromal-Cells-Antigens-Antibodies-Supplement

Modular-C-Life-15-Bone-Modules
Bio-Cubic-Cell-Cultures-Cyber-Cbot-Arms
Cyber-Obot-Chair-Abot-Suit-Bio-Cyber-Nbot-Body-Suit

28) AGING/VIRUS/COLD/FLU/COVID/DENGUE
CANCER/BACTERIA/FUNGUS/TOXIN/TRAUMA/PARASITE

VIRUS

Viral, bacterial or fungal pathogens interact with host cells in different ways and the immune system responds to each type differently with a customized immune response evolving various mechanisms to effectively combat these diverse threats in-vivo that can be replicated ex-vivo in ideal space/time.

Viruses are intracellular pathogens, they must enter host cells to replicate. They attach to specific receptors on the host cell surface, enter the cell, and hijack the host's cellular machinery to produce new viral particles. This process often results in cell damage or death.

Immune system response to viruses involves cytotoxic T cells, as CD8+ T cells, that kill infected cells, and Natural Killer, NK cells that destroy cells lacking normal MHC class I molecules. Antibodies produced by B cells can neutralize viruses and prevent them from infecting new cells.

HIV VIRUS

HIV/AIDS prevention-cure with natural low cost high efficiency Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR. Partial-vaccination, anti-symptomatic/partial-obstruction drugs evolve/mutate HIV virus. Ex-vivo typify/quantify immune cells B/T/NK, antibodies igG/igH as cure path.

HIV prevention/cure, in-vivo Helper-T, Macrophage, Monocyte, Dendritic Cells CD4 vulnerability, supplemented by ex-vivo Antigens as gp120/160/41, Antibody Antigen tag IgG, Broadly Neutralizing Antibody IgH tag at CD4, Antigen loaded Killer T/B-cells and Natural Killer/Neutrophil Cells.

Considering the premise that HIV virus fuses with CD4 receptor/CCR5-CXCR4 co-receptors of Helper T-Cells and that Macrophages/Monocytes/Dendritic cells also have CD4 receptors, these cells are vulnerable for entry/replication, potentially leading to AIDS, Acquired Immuno Deficiency Syndrome.

HIV cure in-vivo Helper-T, Macrophage, Monocyte, Dendritic Cells CD4 vulnerability, supplemented by ex-vivo Antigens gp120/160/41, Antibody Antigen tag IgG with Broadly Neutralizing Antibody IgH Heavy Chain tag at CD4, Antigen loaded Killer T/B-cells and Natural Killer/Neutrophil Cells.

HIV-IUI ex-vivo strategy can be to supplement this in-vivo vulnerable process with NK, Neutrophil, B, Killer T, antigen loaded cells, neutralizing Antibodies based on

different antigens, as HIV gp120 binding with CD4, as Ig-A-D-E-G-M mono-di-pentamere Immunoglobulins, best being IgG with IgH Heavy chain.

IgH, Immunoglobulin Heavy chain, a BNAbs, Broadly Neutralizing Antibodies, coming from IVIGI-2 gene, attach generically to cell receptors as CD4, protecting them from binding viruses, blocking their entry point, as HIV gp120/160/41 glycoproteins, locking to CD4 of Hepler-T-D-M-Macrophage cells.

In-vivo antibody inducing antigens, as HIV gp120/160/41 glycoproteins, were used in vaccine trials with 25-31% efficiency, which is reasonable, compared to usual approved allopathic medicine drugs. Their efficiency is lowered by retroviral drugs, by voluntary partial vaccination, raising viral load/mutation.
B cells with CD2/CD5 receptors would be protected from HIV, could produce even more antibodies to attach to gp120, block HIV attachment to helper T-cells and other CD4 vulnerable cells. Once HIV is cleared the population of helper T-cells and other CD4 receptor cells can be replenished in/ex-vivo.

Ex-vivo antigen loaded Killer T-cells, primarily expressing CD8 receptors, are not a primary target of HIV virus, so they can help to eliminate virus infected cells, destroying the ones that present viral antigens such as gp120 protein that bind to CD4/CCR5-CXCR4 receptors such as in Helper-T-Cells.

Counter-trojan-horse Helper T-cells could attract HIV viruses, but contrary to vulnerable one, this cell would not allow the HIV to replicate and/or would destroy them. Many strategies can be constructed ex-vivo where space, time, quantity, type of cells and antibodies can be managed.

CBM, Cell Bank Medculture, replicates the scaffold bone marrow environment to produce stem/stromal and immune cells. The entire blood, lymph and bone marrow of an HIV contaminated patient can be replenished until eradication, via intra-venal supplementation.

SAV-SAS Super-Auto-Vaccine, Super-Auto-Supplementation is a intra-skin nano antigens, antibodies, mRNA exosome protein supplements skin-patch, sub-lingual-pill, nasal-spray that can deliver individual vaccine, individual supplementation or less effective general antigens with adjuvant antibodies.
C-life is a mini (25 cm) or macro (2.5m) cubic cell medical culture to produce cells, tissues, organs and bodies, in a scaffold similar to the human body for enhanced productivity, offering a continuous supplementation ex-vivo to the in-vivo similar process, with the difference of higher ex-vivo control.

Patented multi retroviral drugs, that interfere in several stages of virus replication, are extremely expensive by economic power overprice abuse, can be low efficiency, generate collateral effects, mutations on the virus, creating diverse/super

viruses, that need new drugs, in a vicious cycle.

COVID/FLU/COLD VIRUS

Covid-Flu-Cold Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Allopathic medicine partial vaccination raises viral loads and mutations and anti-symptomatic drugs reduce the first line of defense (pain, fever, inflammation and congestion), transforming localized epidemics into national/global pandemics and repeating annual endemics.

Biologic Medicine can eradicate spreading virus with epidemic isolation/tracking, mandatory testing/vaccination, 45 degree resting for gravitational congestion esophagus flow avoiding contamination of sinuvial cavities/sinusitis,lungs/pneumonia,hydration,nutrition, temperature control.

Covid-Flu-Cold virus antigen/antibodies can be nano delivered intra-skin with arm skin patch, sublingual pill and nasal spray, delivering prevention, cure at the point of exit/entry of contamination, raising defenses versus viral loads. Eye Drops can also be added to the SAV-SAS nano delivery system.

Over 1 million lives/year abandoned because of endemic covid/flu/cold pneumonia, because of partial-vaccination, anti-symptomatic drugs, invasive respirators and bacteria/fungus/virus hospital contagion. Super Auto Vaccine, ex-vivo antigens/antibodies can prevent and cure.

C-Life Cubic Cell Culture Life

Biologic Medicine individual hardware-software system to coordinate regeneration including IUI-CBM-SAV-SAS-SAT, Individual Universal Immunotherapy, Cell Bank Medculture, Super Auto Vaccine, Super Auto Supplement, Super Auto Test, producing anti-viral antigens and antibodies.

IUI Individual Universal Immunotherapy

Repeating in-vivo immune system strategies in ideal space-time quantity-type ex-vivo conditions, using immune cells extracted from centrifuged blood and/or CBM, Cell Bank Medculture, to identify/produce viral antigens/antibodies/antigen loaded immune cells.

CBM Cell Bank Medculture

Ex-vivo produced immune/functional cells, exosome mRNAs to identify/produce

viral antigen sub-unit proteins identified via IUI, Individual Universal Immunotherapy, antibodies via B cells, nano delivered via intra-skin SAV, Super Auto Vaccine, arm-patch, nasal spray and sublingual pill.

SAV Super Auto Vaccine

Mosaic multi sub-unit protein antigen/antibodies identified/produced ex-vivo via CBM/IUI, Cell Bank Medculture, Individual Universal Immunotherapy, nano delivered via intra-skin arm patch, nasal spray, sublingual pill, for in-vivo cure/preventive antibodies immune supplementation.

General SAV Covid-Flu-Cold, Mosaic-Sub-Unit-Antigens, General Adjuvant-Antibodies, Arm Patch, Nasal-Spray, Sublingual-Pill. Individual SAV Antibodies, Cell Bank Medculture and Intra-Venal Antigen Loaded T/B/D Cell Reserve. The same system can be used against virus, cancer, bacteria and aging.

Natural Exosome Human mRNA can be produced ex-vivo for in-vivo production of antibodies or for ex-vivo production of antibodies for in-vivo immunity. Non-human mRNA can be used ex-vivo to produce antigens for in-vivo immunity induction or ex-vivo antibodies production for in-vivo immunity.

Non-human mRNA for in-vivo production of antigens to induce in-vivo antibodies and immunity can generate an immune tolerance. Because the cell remains healthy and/or can generate an immune response. But a healthy cell will be destroyed and generate a T-cell loading immune response.

Non-human mRNA antigen production in-vivo immune response may be only temporary since future feedback may be that it is actually benign. Unless a real pathogen and a real non-human RNA indicates that it is actually harmful. It could require constant immunity reinforcement and revision for mutations.

IUI/SAV Covid-Flu-Cold ex-vivo antigen sub-unit mosaic, antibodies and/or human mRNAs can be self-delivered intra-skin via arm patch, nasal spray, sublingual pill and/or eye drop, at the point of contagion/contamination.
SAS Super Auto Supplement

Ex-vivo nano intra-skin antibodies, Human mRNA for anti-viral proteins, vitamins/nutrients for immune defense supplementation, nano delivered via intra-skin arm patch, nasal spray and sublingual pill, for in-vivo direct/indirect cure/prevention.

SAT Super Auto Test

Mescope, microfluid saliva, blood, urine, mucus, sweat, tear, can identify virus, viral proteins/antigens, viral damages via photonic imaging of cell phone, accessory lenses and network HAI, Human Artificial Intelligent enlargement/analysis, complemented by mini testing in mini-laboratory.

DENGUE VIRUS

Dengue Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Dengue antibodies for virus type 1-2 are a Trojan horse for types 3-4, binding but not stopping them from entering cell and replicating. IUI, Individual Universal Immunotherapy allows supplementation of ex-vivo antigen-antibodies complex, antigen loaded B/D/T-cells and innate cells to stop virus 1-2-3-4.

Low quantity IgM/IgG antibodies for Dengue 1-2 type virus create vulnerability to Dengue 3-4 types, Antibody Dependent Enhancement (ADE), contaminate B/D/Macrophage/Monocyte cells via Fc Receptor. IgA antibodies, Neutrophils, Anti-Microbial Peptides (AMP) and antigen loaded T-Cells are efficient.

Increasing ex-vivo IgM/IgG/IgA concentrations in relation to pathogens and immune cells to generate multiple bindings can increase efficiency and decrease vulnerability. IgA antibodies can be produced ex-vivo with B-cells in mucosal environment and induced by cytokines as TGF-Beta and IL-6.

Ex-vivo antigen mosaic Dengue 1-2-3-4/Antibodies IgA/IgM/IgG complex and AMPs can be delivered intra-skin via spray, patch and/or sub-lingual pill to neutralize virus, induce more in-vivo B-cell antigen loading and antibody production.

Ex-vivo Neutrophils, antigen loaded T/B/D cells can be delivered intra-venal and additional antigens 1-2-3-4, antibodies IgA/IgM/IgG, AMPs to prevent/cure, since contagion of Dengue is via mosquito bite into blood stream.

CANCER

Cancer Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Natural proven in-vivo process +95% effective can be replicated ex-vivo, with space-time-variables under direct control for +99,99% effectiveness. Cell Bank Medculture can produce quantity/quality Immune cells/antibodies to be exposed to

extracted cancer cells, tissue and/or proteins.

Super-Cancer, Super-Virus, Super-Bacteria and Super-Aging are not only not cured by allopathic medicine substance/drug abuse, it is caused/promoted by it. In-vivo Human Biology cures most of it, Ex-vivo Biologic Medicine can cure the rest. Dysfunctional cells, including senescent/old, benign/non-damaging cancer or malignant/damaging cancer cells, can have many external/internal origins as pollution/toxins, pathogens, genetic/DNA defects, trauma and mainly LACK OF OXYGEN, partial-aerobic/anaerobic/glucose/glutamine energy cancer cell.

Lack of oxygen, originates from general shortage from respiratory system dysfunction or from specific local dysfunction from vascular or pathogen/toxin harmful agent obstruction. If mitochondria adapts to partial-aerobic/anaerobic energy process, it can affect mRNA/nucleus DNA/replication and neighbor cells. In-vivo antibodies, cytokines, immune cells, red cells/oxygenation, balanced nutrition neutralizes dysfunctional cells/harmful agents with +95% efficiency, higher than under 20% allopathic medicine efficiency or +80% Biologic Medicine efficiency. Ex-vivo system can supplement it for +99,99% efficiency.

C-Life Cubic Cell Culture Life

Biologic Medicine hardware-software fixed-mobile system to coordinate Individualized Universal Immunotherapy from extracted centrifuged blood/lymph/bone marrow cells/proteins and Cell Bank Medculture ex-vivo permanent multi-function expansion.

IUI Individual Universal Immunotherapy

In-vivo Human immune defense system is proven to be highly efficient +95% and dysfunction symptom inefficiencies are circumstantial to space, time, cancer/pathogen/antibodies/immune cell quantity and variety. These negative circumstances can be corrected ex-vivo with IUI.

Ex-vivo signaling using in-vivo signals can be used to induce Cancer cell destruction, antigen extraction, antigen loading to produce antibodies and antigen loaded B/D/T cells. Many strategies can be created and tested ex-vivo, using the same system to distinguish between healthy/unhealthy cells.

Signaling include Cytokines (chemokines), Caspases (Caspase-1/ IL-1ß and IL-183), Damps (Damage Associated Molecular Patterns as ATP, HMGB1, Heat shock proteins), Ligands (cell stress expression Ligands as NKG2D), PHOSPHATIS (PS/PE phosphatidylserine/phosphatietalonamine).

Any strategy that is capable of inducing response from immune cells, antibodies, antigen identification, antigen cell loading ex-vivo can complement the in-vivo proven model to specifically target and replace unhealthy cells while protecting healthy cells, allowing cell/issue/organ/body regeneration.

Checkpoint proteins as CTLA-4, PD-1 and PD-L1 protect healthy cells turning off reception from T-cells, but Cancer/dysfunctional cells may also maintain that function and instead of signaling T-cells for destruction, they maintain healthy cell signaling including these checkpoint proteins.

Artificial distortion copycat monoclonal antibodies by allopathic medicine industry try to distort systemic natural approach of Biologic Medicine, calling antibodies "drugs" with "Xmab-X" names, with patents, abusive high prices/profits to block these checkpoint proteins of cancer and healthy cells.

Most of allopathic treatments, including non-individualized artificial monoclonal cells targeting human proteins, may affect healthy and cancer cells to higher or lesser degree depending on how targeted are their delivery into the body cancer cell tissue/organ.

Individual Human Polyclonal Antibodies produced from plasma B-cells, blood/cell bank to target non-human protein/antigens at many points, are more efficient than current artificial general monoclonal antibodies targeting human proteins at cancer/healthy cell specific point, as CTLA-4, PD-1 and PD-L1.

Natural Individual ex-vivo antigens, antibodies and antigen loaded immune cells can target specific cancer cells in-vivo without affecting healthy cells, which is not the case of allopathic medicine strategies as chemotherapy, radiotherapy, macro surgery and non-individual monoclonal antibodies.

Trying to block/unblock checkpoint proteins of cancer/healthy cells, as all strategies affecting healthy cells and the regeneration process, put Life at risk if the cancer is at advanced stage and risk creating cancer from the treatment in the long run as a side effect. Antigen shouldn't be present in healthy cells.

CBM Cell Bank Medculture

Immune Cells, Antibodies and Antigens can be produced by permanent multi-function individual Cell Bank Medculture, that includes supplementing in-vivo defense system against cancer with ex-vivo space-time-quantity-type variable control leading to +99.99% efficiency.

In-vivo defense system distinguishes unhealthy from healthy cells, so ex-vivo must pursue a similar strategy. Attacking/damaging healthy cells can be equality

damaging to cancer patient. Immune regeneration requires Revoking, Repairing, Replacing, Reforming and/or Replicating cells.

SAV Super Auto Vaccine

General Antigen and Individual Antibody produced by Individual IUI/CBM cell bank, identifying antigen of cancer, via multi-strategies proven ex-vivo, loaded into nano intra-skin delivery auto-applied system, as skin patch, sublingual pill and/or nasal spray.

SAS Super Auto Supplement

Ex-vivo produced nano Human mRNA to produce Human Proteins to produce supplements to help Revoking, Repairing, Replacing, Reforming, Replicating cells. Intra-venal antigen loaded immune cells (B/T/D) can supplement cure/prevention/regeneration, as macro-proteins.

SAT Super Auto Test

Mescope, microfluid saliva, blood, urine, mucus, sweat, tear, can identify cancer proteins/antigens via photonic imaging of cell phone, accessory lenses and network HAI, Human Artificial Intelligent enlargement/analysis, complemented by mini testing in mini-laboratory.

AGING

Aging Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy, C-Life-IUI-CBM-SAV-SAS-SAT-SLR. Aging is a circumstantial evolutionary condition/disease. Human cells can REgenerate indefinitely as they can be REpaired, REplaced, REformed, REplicated and REvoked.

In-vivo, it became advantageous to the individual genetic configuration to decline regeneration, declining hormones/enzymes/cytokines signaling, reducing replication of dysfunctional cells as cancer, while to collective species it became advantageous to increase genetic diversity, specially against virus/bacteria.

Once Humans gained control over reproduction, genetic engineering and regeneration ex-vivo, it is now advantageous for the individual and species to supplement in-vivo regeneration with ex-vivo regeneration strategies to achieve unlimited in-vivo regeneration.

Life can be preserved, regenerated, hibernated to sustain, regress, progress Systemic, Cellular, Atomic, Genetic and Informatic levels of Life continuity. The

ideal is to sustain Systemic Life, the natural integrated systems that sustain Life of 50-100 trillion cells.

Regeneration is natural, its in-vivo circumstantial evolutionary decline can be reversed ex-vivo, with immune/stromal/stem cells supplementation, to revoke/replace cells before repair/replicate/reform cells is reactivated via mRNA/Hormone/Enzyme/cytokine supplementation, after dysfunctional cells are eliminated.

C-Life Cubic Cell Culture Life

Biologic Medicine individual hardware-software system to coordinate regeneration, including IUI-CBM-SAV-SAS-SAT, Individual Universal Immunotherapy, Cell Bank Medculture, Super Auto Vaccine, Super Auto Supplement, Super Auto Test, regressing/ending bio-body aging.

IUI Individual Universal Immunotherapy

Reversing in-vivo regeneration decline of immune system, via supplement CBM, Cell Bank Medculture, immune cells, antibodies, stem/stromal cells ex-vivo, with individual quantity/type, specific to reversing cellular dysfunctions/cancer to allow healthy cell expansion.

CBM Cell Bank Medculture

Ex-vivo immune, stem, stromal, functional cell supplementation for regeneration, replacing, revoking, repairing, reforming, replicating cells, reversing in-vivo circumstantial genetic regeneration decline, basically by 4% year decline in hormones post 25 years, while neutralizing cancer.
SAV Super Auto Vaccine

Ex-vivo antigens/antibodies from Cell Bank Medculture, Individual Universal Immunotherapy, nano delivered via skin patch, nasal spray, sublingual pill, for in-vivo immune supplementation, allowing in-vivo cell regeneration of healthy cells while eliminating unhealthy/cancer cells.
SAS Super Auto Supplement

Nano intra-skin antibodies for immune supplementation, exosome mRNAs for in-vivo Human protein production as hormones/growth factors/enzymes/cytokines, auto micro catheter wrist band intra-venal ex-vivo hormones/growth factors/enzymes/cytokines and immune/stem/stromal cells.

SAT Super Auto Test

Mescope, microfluid saliva, blood, urine, mucus, sweat, tear, can identify aging/pathogen proteins/antigens/factors via photonic imaging of cell phone, accessory lenses and network HAI, Human Artificial Intelligent enlargement/analysis, complemented by mini testing in mini-laboratory.

BACTERIA

Bacteria Infection Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Over 7 million Lives yearly are abandoned because of bacterial infection, including Tuberculosis, Pneumococcal Disease, Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type B, Meningococcal Disease, with vaccines available.

Main bacterial diseases without vaccines could include also Tuberculosis because vaccine real world efficiency is limited/variable, Staphylococcus Aureus Infections, Gonorrhea, Cholera, Lyme Disease, Leprosy, Syphilis and Urinary Tract Infections.

Bacterial Gastroenteritis, as from Escherichia coli, Salmonella, Shigella could lead to bacteria entering bloodstream, also in Appendicitis/Peritonitis, abdominal cavity, Diverticulitis, inflammation/infection of small pouches in digestive system, if it ruptures can lead to bacteria entering blood stream.

Bacteria can out replicate immune response with fast growth, multiplying quickly, as doubling in numbers every 20 minutes, under optimal conditions for them, or non-optimal for Humans, as low temperature/nutrition/hydration/rest, overwhelming the immune system at specific time/space.

Bacteria in-vivo can form biofilms, protective layers helping them adhere to surfaces, resist immune attacks and antibiotics, or produce capsules, thick outer layer protecting from being engulfed by immune cell phagocytosis, but ex-vivo immune system optimal conditions can extract antigens.

Bacteria can change surface proteins to avoid being recognized by the immune system, with antigen variation requiring new adaptation. Partial vaccination or partial antibiotic treatment, allow hosts to create surviving/mutation antigen varying bacteria, but full use of vaccine/antibiotics can avoid this.

Bacteria intracellular survival, living inside host cells, allows them to hide from the immune system, as Mycobacterium Tuberculosis, surviving inside macrophages in-vivo, requiring ex-vivo strategy to reduce, not use or eliminate macrophages, replaced temporarily by expanding other immune cells.

Bacteria secretion systems, as from Salmonella/E. coli, inject proteins into host cells, disrupting in-vivo immune responses, that may be countered by ex-vivo strategies to identify/target antigens on the surface of these bacteria, a strategy to disrupt their secretion systems or the cell reception points.

Bacteria enzyme production can break down immune molecules, as Staphylococcus Aureus producing coagulase, clotting blood plasma, creating barrier against immune cells in-vivo, that can be countered ex-vivo by making these enzymes or surface components antigen targets for antibodies.

Bacteria toxin production can damage host tissues and immune cells, helping their evasion and spreading in-vivo, but this also can be neutralized ex-vivo, by making surface components and/or these toxins antigens for antibodies, antigen loaded immune cells created ex-vivo to introduce in-vivo.

Bacteria, virus or fungal pathogens interact with host cells in different ways and the immune system responds to each type differently with a customized immune response evolving various mechanisms to effectively combat these diverse threats in-vivo that can be replicated ex-vivo in ideal space/time.

Bacteria pathogen can be either intracellular or extracellular. Extracellular bacteria often adhere to host cells using pili/fimbriae and secrete toxins that damage tissues. Intracellular bacteria invade host cells and replicate within them, often evading the immune response.
Immune system for extracellular bacteria, can use Neutrophils and Macrophages to engulf and destroy bacteria. Antibodies can neutralize toxins and transform bacteria, making them easier to phagocytize. For intracellular bacteria, cytotoxic T cells and Macrophages to eliminate a contaminated cell.

C-Life Cubic Cell Culture Life

Biologic Medicine hardware-software system to coordinate IUI Individual Universal Immunotherapy and CBM Cell Bank Medculture. Seed blood expanded ex-vivo to provide individual blood supplementation containing compatible antibodies and antigen loaded immune cells to attack bacteria in-vivo.

IUI Individual Universal Immunotherapy

Bacterial infections are a product of them being able to out-replicate/out-number immune response and because they have developed particular strategies to avoid immune detection or attack. Individual Universal Immunotherapy can test both possibilities, starting with quantity/quality of immune response.

Partial use of antibiotics, anti-bacterial drugs, vaccination can lead to hosts with surviving/mutating Super-Bacteria resistance. Bacteria antigens from their membrane can be fully/generally used as in-vivo vaccines and to produce ex-vivo antigens, antibodies, antigen loaded immune cells for IUI.

IUI can manage the quality/quantity of response in terms of matching particular quantities of particular antibodies and immune cells to particular low count bacteria. Match could be made for in-vivo perfect space/time to stop bacteria infection, which may not happen in-vivo but can happen ex-vivo.

Efficiency of immune response in matching specific antibodies and immune cells to particular bacteria, in terms of quantity/quality, in specific space/time, is crucial in stopping infections. Having a redundancy ex-vivo system can raise efficiency of Human Immune system from +95% to +99.99%.

The immune system recognizes bacteria using antigens, which are unique molecules on the surface of pathogens. Dendritic cells and Macrophages present these antigens to T cells. Once T cells recognize the antigens, they become activated and helper T-cells activate B cells to produce specific antibodies.

Antibodies bind to the antigens on the bacteria surface, neutralizing the bacteria or marking them for elimination by other immune cells. After the infection, some B and T cells become memory cells, which can respond more rapidly and effectively if the same bacteria infect the body again.

If the immune system quickly matches the correct antibodies and immune cells to the bacteria, it can prevent the bacteria from multiplying and spreading. Time and space are crucial for that to happen and that may not always take place in-vivo but can always happen in a created controlled ex-vivo setting.

Early efficient immune responses can stop infections before they become severe or systemic, spreading throughout the body. Timely immune response reduces severity of symptoms and prevents complications such as so called sepsis, avoidable with ex-vivo army of immune cells and antibodies.

IUI Individual Universal Immunotherapy and CBM, Cell Bank Medculture for bacteria infection (also for Virus, Cancer, Fungus, Toxin, Trauma and Aging):
Ex-vivo Exposure: Bacteria are exposed to a controlled environment outside the body, ex-vivo, where they can be identified and analyzed.

Antigen Extraction: Specific antigens from the bacteria are extracted and used to stimulate an immune response.

Antigen Loading: These antigens are loaded onto immune cells, such as Dendritic D, T, B cells, to present them efficiently to the immune system and compatible with the original donor and infected.

Antibody Production: The immune system is stimulated to produce a wide range of antibodies specific to the bacterial antigens and compatible with the original donor and infected.

Reintroduction In-vivo: The enhanced immune response, including the activated immune cells and antibodies, are reintroduced into the body to target and eliminate the bacteria, tested ex-vivo.

Individual Treatment: Creating the specific immune response to the specific bacteria infecting an individual leads to more efficient treatments, less/no collateral effect, with compatible antibody/cells.

Enhanced Immune Response: Optimizing and supplementing ex-vivo the timing and quality of the immune response in-vivo, body more efficiently combats infection with compatible cells/antibodies.

Reduced Resistance: There is reduction in the probability of bacteria developing resistance, as the immune system would be highly targeted and adaptable, specially with general/full treatment.

Broad Applicability: System used for all bacterial infections, including those with/without existing vaccines and for other pathogens/conditions as virus, cancer, fungus, toxin, trauma and aging.
CBM Cell Bank Medculture

Immune Cells, Antibodies and Antigens can be produced by permanent multi-function individual Cell Bank Medculture, that includes supplementing in-vivo defense system against Bacteria with ex-vivo space-time-quantity-type variable control, raising +95% in vivo efficiency to +99,99%.

SAV Super Auto Vaccine

General Antigen and Individual Antibody produced by Individual IUI/CBM cell bank, identifying antigen of Bacteria, via multi-strategies proven ex-vivo, loaded into nano intra-skin delivery auto-applied system, at contagion/contaminant point, as skin patch, sublingual pill, eye drop and/or nasal spray.

SAS Super Auto Supplement

Ex-vivo produced nano Human mRNA to produce Human Proteins to produce

supplements to help Revoking, Repairing, Replacing, Reforming, Replicating cells. Intra-venal antigen loaded immune cells (B/T/D) can supplement bacteria cure/prevention/regeneration, as also stromal cells, macro-proteins.
SAT Super Auto Test

Mescope, microfluid saliva, blood, urine, mucus, sweat, tear, can identify bacteria, proteins/antigens via photonic imaging of cell phone, accessory lenses and network HAI, Human Artificial Intelligent enlargement/analysis, complemented by mini testing in mini-laboratory.

TRAUMA

Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Over 5 Million Lives are abandoned per year globally because of trauma, from injuries/violence, including accidents/unintentional injuries, as traffic crashes/falls/drowning, violence, intentional injuries, such as over 500,000 homicides and 1,000,000 suicides, with lethal weapons facilitating these numbers.

Lethal weapons are unnecessary excessive use of force, damaging and illegal, since there are more efficient non-lethal weapons. Banning lethal weapons, upholding freedom, economic development, Human Rights, high education, psychological assistance can reduce homicides and suicides.

Once trauma has been inflicted, traditional allopathic medicine will use anti-symptomatic drugs and macro surgery to limit perceived damage. Mini-Micro-surgery can improve macro surgery and immune, stromal, stem cells supplemented ex-vivo can supplement/accelerate in-vivo regeneration.

Permanent Life Biologic Medicine can use whole body or segment of body circulation for oxygen and nutrients to reach cells, overcoming any vascular obstruction caused by trauma, including using mini/micro catheters, multiple heart/blood pumps, blood oxygenation and nutrition.

In-vivo immune system helps regenerate trauma and ex-vivo supplementation helps accelerate and improve this regeneration. The in-vivo immune system plays an essential role in trauma regeneration via coordinated processes of inflammation, stem cell activation and inflammation reduction.

Trauma generates inflammation, immune cells, as macrophages/neutrophils, enter injury site helping clear debris/pathogens, set up tissue repair, release cytokines/growth factors, activate resident Stem Cells to proliferate/differentiate into functional cells, replace damaged tissue to then reduce inflammation.

Resident stem cells migrate from nearby bone marrow and tissues can contain local stem cells since embrionic development. Tissues use their own resident stem cells, that have been present since embryonic development, for tissue maintenance/repair, as muscle and neural stem cells.

Trauma to the spinal cord near the neck or near the hip can cause paraplegia/quadriplegia, paralysis of lower or lower/upper members, legs or arms/legs. Nerves, cable-like network formed by Neuron Axons structured/surrounded by Schwann cells/lipid-rich Myelin are severed and usually do not regenerate.

Reconnecting/regenerating severed Nerves may require an ex-vivo scaffold, as aero-graphene, to replicate nature, Stem cell derived Neurons can be introduced, protected, stimulated by temporary artificial electro-chemical signals and training so that natural system/signal can regenerate/re-function.

Super-Neuron and Super-Nerve can be built ex-vivo and/or in-vivo to repair trauma damage using aero-graphene, a 3D cylindrical nano-tube of 2D one-layer carbon graphene, that can be obtained by pressurized heat of a bio-hydrocarbon as algae to obtain graphene oxide followed by vacuum/laser deoxygenation.

Bio-Cyber Super-Nerve creates redundant double bio/cyber electric signal stimulus for regeneration of paraplegic/quadriplegic spinal cord trauma severance, using aero-graphene scaffold for stem cell derived neurons electric current stimulated, wireless electric sensor/signaler on brain and severance points.

C-Life

Cubic Cell Culture, Biologic Medicine, hardware-software system to coordinate IUI Individual Universal Immunotherapy and CBM Cell Bank Medculture. Seed Blood provides ex-vivo individual blood culture supplements for Trauma, as compatible antibodies, antigen loaded immune cells and stromal/stem cells.

Mini/micro catheters can deliver Stem, Stromal, Immune, Functional Cells to injury/trauma sites to accelerate regeneration, navigating via mini/micro incisions, vascular system and inter-cellular spaces. Ability to bind/contribute to tissue repair depends on cell type/function and signal proteins/receptors.

C-Life-Super-Nerve
Paraplegic-Quadriplegic
Aero-Graphene-Scaffolds
Spinal-Cord-Reconnection
Reconnect-Severed-Nerves
Scaffold-Stem-Cell-Neurons
Stimulating-Electron-Current
Scaffold-Neurons-Regrowing
Action-Stimulation-Reconnection
Brain-Nerve-Electric-Sensor-Signal

IUI Individual Universal Immunotherapy

In-vivo Hematopoietic Stem Cells from bone marrow for example migrate to tissues during injury/stress traveling through bloodstream to reach and repair damage. Cultured ex-vivo Immune/Stromal/Stem Cells can migrate in bloodstream to injury sites or bone marrow via arteries/veins/capillaries and catheters.

Immune/Stromal/Stem Cell blood migration can be influenced by cell size, surface markers and signaling molecules. Most Stem Cells can navigate via capillaries, but to reach specific tissues or injury sites may depend on receptor/adhesion molecules interacting with vessel endothelial cells.

Mesenchymal Stem/Stromal Cells converge to injury sites and contribute to tissue repair through differentiation and secretion of bio-active molecules.
Binding/Integration of these cells require specific signal proteins/receptors, as stromal/immune cells ligand-receptor function/position interactions.

Local tissue micro-environment as inter-cellular space components and other cells, help integration and function of delivered in-vivo and/or ex-vivo stromal, stem and/or functional cells. Catheters deliver therapeutic cells to injury sites with specific signals/micro-environment to bind/function in tissue repair.
CBM Cell Bank Medculture

Ex-vivo Immune/Stromal/Stem Cell Culture can replicate and accelerate in-vivo trauma regeneration, with high probability that cells supplemented are healthy, contrary to in-vivo regeneration stimulus that needs to eliminate unhealthy cells, as cancer/pathogen controlled, before in-vivo re-stimulation.

Ex-vivo Individual Cell Bank Medculture has compatibility with donor, avoids issues of rejection because of DNA mismatch and must replicate in-vivo conditions of continuous cell replication as a living cell culture, used for trauma when needed, also be dry-cryo-frozen for lower cost/turn around longevity.

SAV Super Auto Vaccine

Micro/nano supplementation of antigens/antibodies/mRNA can create better conditions for in-vivo and ex-vivo supplementation regeneration. Trauma creates vulnerable conditions for pathogens to replicate and become a secondary threat to the injured biologic tissue, organ and body.

SAS Super Auto Supplement

Ex-vivo supplementation can reinforce/accelerate the natural regenerative process. Stem/stromal cell culture outside body increases number of cells to be reintroduced into injury site. Cytokines/growth factors, as fibroblast growth factor FGF-2/B-27, can improve muscle or functional cells recovery.

Functional in-vivo local cells or ex-vivo arriving cells can signal/induce via mRNA exosomes to stromal/stem cell to differentiate into specific cell types, as functional local muscle/neuron cells. Exosomes are extracellular vesicles carrying mRNA, miRNA, proteins, lipids to reform recipient cells.

Mesenchymal Stem Cells release exosomes that can transfer mRNA and other signaling molecules to target cells, changing gene expression and promoting differentiation into specific cell types. In the process of cell-to-cell communication/regeneration, exosomes are key in tissue repair/regeneration.

SAT Super Auto Test

Mescope, micro-fluid saliva, blood, urine, mucus, sweat, tear can identify pathogens as virus, bacteria, cancer, fungus, toxins or aging, as secondary/primary threat in trauma. Proteins/antigens identified via cell phone photonic imaging, accessory lenses, Human Artificial Intelligent enlargement and analysis.

Dementia, Parkinson, Alzheimer, neuron dysfunction associated to neuron stimulating drugs, immune/regeneration dysfunction. Cure, revoke/replace in-vivo dysfunction proteins/cells using ex-vivo antibodies, immune stromal/stem/neuron cells, +repair/reform/replicate mRNAs/enzymes/hormones/sirtuins.

TOXIN

Toxin Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Avoidable toxins are the main cause of +15 million Life abandonment year, as a primary cause and another +15 million as secondary cause (as heart). Substance

abuse as tobacco (+8M), Alcohol (+3M), marijuana/cocaine/heroine (+1M); Second-hand-smoking (+1M) and Nutrient Abuse as Sugar/Salt/Fat.

Prescription/pharmacy ADRs, short term Adverse Drug Reaction and CAEs long term collateral/side/Chronic Adverse Effects (+2.5M), animal/plant venom as snake (+100k), scorpions (+3k); air pollution (+3M primary, +4M secondary), water pollution and food poisoning/infection.

If the immune system has enough time and space to act it could eliminate all toxins, however since the exposure in a specific in-vivo time and space can lead toxins to overwhelm in-vivo defenses, ex-vivo supplementation can be used to prevent and/or cure toxin harmful action.

The immune system is capable of neutralizing toxins, given sufficient time and resources, but when exposure to toxins is fast and/or in large quantities, the body's natural defenses can be overwhelmed, ex-vivo immune supplementation as stock portfolio of antibodies can eliminate all known toxins.

The In-vivo immune system if given sufficient space and time as via an ex-vivo supplementation system, it would be sufficient to deal with any toxin without use of artificial less efficient systems as chemicals that also have collateral effects, so individuals can have a stock of antibodies for toxins.

By using naturally occurring antibodies and immune responses, this system could minimize the reliance on synthetic chemicals, potentially reducing side effects and improving compatibility with the human body at a lower cost, without price abusive artificial patented low efficiency chemicals.

Neuron stimulating drugs are usually consumed in human society in growing dosages, frequency and type potency, to overcome the immune system response to neutralize the toxin. Inflammation/pain is the first line of defense, sending signal/prove that the substance is toxic/damaging.

Innate/adaptive Immune cells, proteins as antibodies/cytokines create a second and third line of defense that neutralizes the neural effect sought by the user, usually hallucinogenic/pleasure and/or neurological/psychological pain.

Caffeine, nicotine, alcohol, prescription/over-counter pharmacy/chemical drugs and so called illicit drugs as marijuana, cocaine, heroine, are consumed in dosage, frequency and type potency gradually higher, to fatal short, medium or long term levels, overcoming in-vivo immune-regeneration system attempts to neutralize these toxins.

Long term Dementia, Alzheimer or Parkinson result from trauma protein clutter resulting from these drugs interacting with Neurons. Repairing/replacing neurons and cleaning proteins/dysfunctional cells by the immune-regenerative system in-vivo and with ex-vivo supplementation can induce/accelerate recovery/cure.

C-Life

Cubic Cell Biologic Medicine hardware-software system to coordinate IUI Individual Universal Immunotherapy and CBM Cell Bank Medculture. Seed Blood can provide compatible individual blood, antibodies, antigen loaded adaptive immune cells, innate immune cells and stromal/stem cells.

By operating 24/7, this system could ensure a constant supply of individual compatible antibodies, tailored to various toxins and pathogens, reducing the lag time of response. It could be designed to produce a diverse array of antibodies, covering a broad spectrum of potential threats.

IUI Individual Universal Immunotherapy

If the immune system has ex-vivo time and resources, it could potentially handle a wide range of toxins to be prepared for all possible threats. Each toxin may require a specific immune response, including timing, quantity, quality of antibodies, adaptive/innate immune cells and stromal/stem cells.

An ex-vivo system that continuously produces and stocks specific antibodies for a wide range of toxins and pathogens would act as an external immune system, ready to provide a rapid and effective response whenever needed. Ex-vivo IUI can identify the most effective strategy against toxins.

If a specific toxin is exposed ex-vivo to a wide range of adaptive/innate immune cells, the most efficient alternatives can be replicated ex-vivo to be introduced in-vivo to improve/accelerate the natural defense response in a controlled time/space frame.

CBM Cell Bank Medculture

The body has limited resources to allocate and constantly producing/maintaining antibodies for all potential toxins would be highly resource-intensive and could divert energy from other critical functions, but creating an ex-vivo antibody supplementation system can prevent/cure all known toxins.

If the food industry can produce low cost cultured beef cell burgers, the medical industry can produce a fraction of Human cells/proteins for even less. The advancements in the food industry with cultured cell products suggest that

producing specific cells/proteins can become more cost-effective.

Techniques used to culture cells for food can be adapted to produce cells and antibodies at scale to prevent/cure toxins. Bioreactors as used to grow cultured meat and scaffolds as bones can be used to produce antibodies/cells efficiently, as innate/adaptive immune cells and stromal/stem cells.

SAV Super Auto Vaccine

Stock of antibodies ready for immediate use could significantly enhance the speed/efficiency of toxin treatments, especially in acute situations where time is critical. It could be tailored to individual needs, taking into account personal health history, environmental exposures and specific vulnerabilities.

SAS Super Auto Supplement

If the in-vivo immune system is given sufficient space and time as in an ex-vivo supplementation system, it could deal with any toxin without use of artificial less efficient treatment systems as chemicals and every individual can have a stock of antibodies for diverse toxins, ready to use.

SAT Super Auto Test Mescope

Mescope, micro-fluid saliva, blood, urine, mucus, sweat, tear can identify pathogens as toxins, virus, bacteria, cancer, fungus, trauma or aging. Proteins/antigens identified via cell phone photonic imaging, accessory lenses, Human Artificial Intelligent enlargement and analysis.

FUNGUS

Fungus Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

Fungus threat is highly underestimated. Fungal diseases cause +3.75 million deaths annually worldwide with significant increase trend. Dangerous/lethal fungi include Aspergillus, Candida, Cryptococcus, Histoplasma and Mucormycosis, cause infections specially with weak immune systems.

Fungi diseases are particularly dangerous for individuals with compromised immune systems, such as those with cancer, HIV/AIDS, organ transplants or chronic respiratory diseases, that may start with viral Flu pneumonia and end up with lethal viral-bacterial-fungal pneumonia under allopathic medicine.

High risk fungal diseases can lead to severe infections, especially in people with

weakened immune systems, as Aspergillosis caused by Aspergillus fungus, that lead to severe lung infections. Candidiasis can affect blood, heart, brain, eyes, bones and other parts of the body.

Cryptococcosis caused by Cryptococcus fungi can lead to severe infections, as in the lungs and brain. Histoplasmosis caused by inhaling spores of Histoplasma fungus that is found in bird/bat droppings. Mucormycosis or black fungus can cause severe infections in sinuses, brain and lungs.
C-Life

Cubic Cell Biologic Medicine hardware-software system to coordinate IUI Individual Universal Immunotherapy, CBM Cell Bank Medculture. Seed Blood provides individual blood supplement or extraction containing compatible antibodies, antigen loaded immune cells against fungus/pathogens.

Because fungal infection affects individual with deficient immune system, using in-vivo stimulation of this system as antigen vaccines could result in a deficient response and fungi cells are very similar to Human cells. Ex-vivo supplement of pretested specific antibodies and immune cells can work.

IUI Individual Universal Immunotherapy

Fungal, viral or bacterial pathogens interact with host cells in different ways and the immune system responds to each type differently with a customized immune response, evolving various mechanisms to effectively combat these diverse threats in-vivo, that can be replicated ex-vivo in ideal space/time.

Fungi typically interact with host cells by adhering to the cell surface, which can trigger internalization into the host cell. They can use surface molecules to bind to host extracellular matrix components, facilitating infection intra-cellular/extra-cellular, often secreting enzymes/toxins to invade/damage.

The immune system primarily uses macrophages and neutrophils to combat fungal infections. These cells can phagocytize, engulf and digest. fungal cells. T-helper cells as Th1/Th17 also play a crucial role by producing cytokines that enhance the anti-fungal activity of macrophages and neutrophils.

There are no current approved vaccines for fungal infections, but there is research to develop vaccines that could protect against fungal pathogens like Candida, Cryptococcus and Aspergillus. These experimental vaccines often focus on fungal cell wall antigens combined with adjuvants.

There are antibodies that can target fungal pathogens, neutralizing fungi, inhibiting

their growth and promoting their clearance by the immune system. Ex-vivo IUI Individual Universal Immunotherapy can produce pre-tested individual antigens, antibodies and antigen loaded immune cells.

The best strategy against fungi or any pathogen is to replicate ex-vivo the in-vivo pathogen infection conditions, but in space-time-quantity-type that are favorable to the immune system leading to defense success ex-vivo to then transfer in-vivo antibodies and antigen loaded immune cells.

Ex-vivo immune cell training strategies involve exposing immune cells to pathogens or their antigens in a controlled ex-vivo environment, helping train the immune cells to recognize and effectively combat the pathogen, producing antibodies against specific fungal antigens and antigen loaded immune cells.

Individual antibodies and antigen loaded immune cells produced ex-vivo can then be administered to patients in-vivo to neutralize the pathogen. Expand pathogen-specific adaptive immune cells as T/B/D cells ex-vivo and then transferring them back into the patient as immunotherapy for fungal infections.

Mucocutaneous candidiasis where Candida infects skin and mucosal membrane surfaces of the host, lymphocytes (TH17, CD8+, ILC3, T cells) that produce cytokines (IL-17 and IL-22) can fight infection. Myeloid phagocytes (neutrophils, macrophages, monocytes) can protect against systemic Candida.

Cryptococcosis inhaled Cryptococcus spores lodge in lungs and disseminate as yeast to the blood brain barrier. TH1 CD4+ T cells can produce protective cytokines (IFN, IL-12, IL-2) to recruit and activate phagocytes (neutrophils, macrophages, monocytes) to intra-cellularly kill cryptococci during infection.

Aspergillosis, a lung infection caused by Aspergillus mold A. fumigatus, CD4+ T cell and myeloid cells (neutrophils, CCR2+ monocytes, plasmacytoid dendritic cells) can protect the lung. Different in-vivo effective immune responses can require ex-vivo supplementation specially for immune deficient.

CBM Cell Bank Medculture

CBM/IUI/C-Life copies in-vivo conditions replicating the in-vivo environment ex-vivo with factors like controlled micro-environment, cytokine-mix, cell-cell interactions. Ex-vivo trained immune cells can attack unhealthy cells with correct antigen ID/load and be replaced by in-vivo or ex-vivo healthy cells.

SAV Super Auto Vaccine

Individual different ex-vivo/in-vivo immune responses against fungal pathogens are

needed because individuals most at risk for fungal disease are missing components of innate or adaptive immune system. General or specific fungal vaccine is less efficient than Individual vaccines/supplements.

Fungal cell walls have carbohydrate polymers b-glucans/mannoproteins/chitin on top of the plasma membrane that could act as antigens to stimulate host immune responses combined with adjuvants. Sub-unit peptide or protein sequences offer less risk than live-attenuated or heat-killed cell.

Vaccine against Candida, Cryptococcus, Aspergillus and other fungal pathogens have focused on fungal cell wall antigens that can have enhanced immune response when over expressed in live-attenuated or heat-killed whole cell or safer sub-unit fragments or synthesized peptides.

Knowing what Human cell membrane/protein is vulnerable to fungus and what fungus protein/antigen is vulnerable to Human antibodies and immune cells, can create ex-vivo IUI and/or In-vivo vaccine cure/prevention of antibodies and antigen loaded immune cells, nano/micro intra-skin/venal delivered.

Stock of antibodies for immediate use can enhance the speed/efficiency of fungus treatments, especially in situations where time is critical. It can be tailored to individual needs, taking into account personal health history, environmental exposures and specific vulnerabilities.

SAS Super Auto Supplement

There are several types of healthy/benign fungi that are commonly present in the human body. These fungi are part of the normal microbiota and can play beneficial roles. Some species can cause infections while others are part of the normal gut flora and can coexist without causing harm.

Saccharomyces boulardi yeast is used as a probiotic to support gut health and prevent gastrointestinal disorders. Antibiotics, which are often derived from fungi, like penicillin from Penicillium, primarily target bacteria, but they can indirectly affect (un) healthy fungus and bacteria.

Antibiotics can disrupt/kill beneficial bacteria in the gut microbiome, creating an imbalance that allows pathogenic fungi like Candida to overgrow. Antibiotics can weaken immune response, making it easier for fungal infections to take hold. Bacteria can be target directly by antigen/antibodies/immune cells.

Healthy fungi can compete with pathogenic fungi for resources, potentially reducing or eliminating their presence, out-competing pathogenic fungi for nutrients/space, limiting their growth, helping influence the immune system and

enhancing its ability to fight off pathogenic fungi.

SAT Super Auto Test

Mescope, micro-fluid saliva, blood, urine, mucus, sweat, tear can identify pathogens as fungus, toxins, virus, bacteria, cancer, trauma or aging. Proteins/antigens identified via cell phone photonic imaging, accessory lenses, Human Artificial Intelligent enlargement and analysis.

PARASITE

Parasite Prevention-Cure with natural low cost high efficiency IUI Individual Universal Immunotherapy C-Life-IUI-CBM-SAV-SAS-SAT-SLR.

In-vivo/ex-vivo immune-regeneration system can eliminate/reverse harmful agents, including living organisms, pathogens like parasites, virus, fungus, bacteria, non-living threats as toxins and the effects of trauma or aging. Specialized antibodies and immune cells can eliminate and weaken parasites.

Parasites like Protozoa/Malaria generate Life abandonments of more than 600k/year, Schistozomose 200k and Ascaris Lumbricoides/ascariasis/round worms over 60k. Helminthiasis is an infestation of parasitic worms in human body, nematodes/roundworms, cestodes/tapeworms or trematodes/flukes.

Parasites, viruses, bacteria, fungi and other pathogens can attack the human body. These parasites include Protozoa and Helminths. Protozoa, single-celled organisms, cause diseases such as malaria, caused by Plasmodium and amoebiasis, caused by Entamoeba Histolytica.

Helminths are parasitic worms, including roundworms, tapeworms, flukes, that can cause diseases like schistosomiasis, caused by Schistosoma and ascariasis caused by Ascaris Lumbricoides. They can be eliminated in-vivo by antibodies/immune cells, such as IgE/Eosinophils, also supplemented ex-vivo.

MALARIA, Plasmodium Falciparum, protozoan parasite responsible for the most severe form, has a life cycle with different sizes. Sporozoites, the infectious form is injected by mosquitoes, 10-15/1 micro-meters length/diameter. Inside human body, grow/multiply in liver and produce merozoites 1.5/1mi-m.

Immune cells as macrophages/neutrophils engulf/destroy Plasmodium with phagocytosis. Antibodies as IgE can bind to the parasite, marking it for destruction by immune cells. Cytokine signaling molecules help also activate immune cells that kill the parasite.

Parasites as Malaria/Ascaris/Schistozomose/Chagas etc kill +1M/year. Based on their strategy to evade immune system in-vivo, strategy can be developed ex-vivo to neutralize them in terms of quantity/type of antibodies, immune cells and human cell substances.

CHAGAS Trypanosoma cruzi, parasite responsible for Chagas disease, employs several strategies to evade and inhibit the immune system. T. cruzi invades host cells and resides within a membrane-bound compartment called parasitophorous vacuole, helping it avoid detection by host immune system.

T. cruzi uses antioxidant enzymes to protect itself from reactive oxygen and nitrogen within host cell, allowing it to survive phagolysosome environment. It expresses surface molecules like calreticulin, GP160 proteins, which disrupt/delays immune response Antibodies/Pathogen-Associated Molecular Patterns activated.

T. cruzi stimulates immunoregulatory receptors, which further delays progression of protective immune response. It induces polyclonal B cell activation and hypergammaglobulinemia, leading to production of non-specific antibodies that are inefficient in controlling the infection.

T.cruzi expresses multiple related epitopes, which complicates generation of specific neutralizing antibodies, it modulates macrophage activation, impairing their ability to control infection, allowing it to establish chronic infection, that can lead to severe cardiac/gastrointestinal/neurological complications.

+12000/year die from Chagas disease, around 30% with chronic Chagas disease develop cardiac complications, such as heart failure/arrhythmia/sudden cardiac death. If treated early is curable, but cases go undiagnosed until chronic phase. +28k/year new cases, +7M infected/year and +80M at risk of infection.

Initial/acute/lytic phase Lytic Antibodies as IgM are reactive to galactose epitopes on the parasite, can mediate the lysis of trypomastigote forms and are found at higher levels in patients with the indeterminate form of Chagas disease, suggesting a probable effective protective role.

But T. cruzi Antibodies that can stimulate the proliferation of T and B lymphocytes, which is crucial for mounting an effective immune response, may have a less effective role, as IgG via Helper-T cells and B-Cells suggesting a vulnerability/inefficiency that is exploited by the parasite to propagate.

CD4+ T Cells also known as Helper T cells play a role in immune response, including activation of B cells, macrophages and CD8+ T Cells, which is essential for controlling the infection by directly killing infected cells. T.cruzi parasite tends to evade Helper T/B cells, Macrophages and T-cells tend to remain inactivated.

Macrophages are involved in phagocytosing the parasite, presenting antigens to T cells and initiating adaptive immune response, but T. cruzi can modulate macrophage activation, impairing ability to control infection. Polyclonal B cell can be activated but lead to production of non-specific inefficient antibodies.

T. cruzi could enter body and be taken up by macrophages, immune cells responsible for engulfing/destroying pathogens, but it can alter activation state of macrophages. M1 macrophages produce inflammatory cytokines and reactive oxygen to kill pathogens, M2 is involved in tissue repair and is anti-inflammatory.

T. cruzi can induce a shift in macrophages towards the M2 phenotype, resulting in reduced production of pro-inflammatory cytokines and increased production of anti-inflammatory cytokines. As a result, macrophages become less effective at killing the parasite and more permissive to its survival.

CHAGAS CURE STRATEGY since in-vivo macrophages/Helper-T-cell/B-cells, IgG antibodies can be inefficient immune responses, but antigen-specific IgM antibodies and antigen loaded T-cells can be efficient, antigen loaded T-cells, D-cells and antigen specific IgM antibodies can be supplemented ex-vivo. Macrophages are crucial for initial immune response, but T. cruzi can manipulate them to favor a less effective M2 anti-inflammatory state, reducing their ability to kill the parasite. T.cruzi induction of polyclonal B-cells activation can result in production of non-specific inefficient antibodies as IgG.

Ex-vivo activation and expansion of T-cells with specific antigens can enhance their ability to target and kill infected cells, potentially overcoming immune evasion strategies. Ex-vivo antigen-loaded T-cells can be a more precise and targeted immune response to treat Chagas disease and other infections.

T. cruzi does not produce Prostaglandins but it can induce overproduction of PG2 series prostaglandins that are immunosuppressive to aid immune evasion. Blocking over production can improve immune response from Macrophages, Helper-T, B-Cells and IgG antibodies. Neutrophils/IgE could also be effective as in Malaria.

C-Life Cubic Cell Culture Life

C-Life can combine CBM, Cell Bank Medculture and IUI, Individual Universal Immunotherapy to create ex-vivo supplementation to the similar in-vivo process, but in a reduced space/time to increase efficiency and to eliminate harmful agent including parasites, adding efficient quantities/types.

IUI Individual Universal Immunotherapy

Immune cells are extracted from the patient and exposed to antigens or a small load

of pathogens in a controlled environment outside the body. This process helps train immune cells to recognize and attack the pathogen, determining quantity/type that is most effective.

These trained immune cells are then activated and expanded in number to ensure a robust response when reintroduced into the body. The activated and expanded immune cells are infused back into the patient. These cells/antibodies are now better quantified/equipped to recognize/combat the pathogen.

In-vivo immune and regeneration system can eliminate parasites efficiently, given average space/time quantity/quality of antibodies/immune cells/stromal-stem cells versus pathogens/parasites, circumstantial to +95% efficiency. Under 5% may need complement of ex-vivo similar system.

The immune system produces several substances/proteins/cells to combat macro parasites, such as helminths parasitic worms, as Immunoglobulin E. IgE antibodies bind to the surface of the parasite and mark it for destruction by immune cells such as Eosinophils, Mast Cells and Basophils.

Granulocyte Eosinophils, white blood cells, are activated by IgE and release toxic granules that can damage or kill parasites. Mast Cells/Basophils also bind to IgE, release histamine/other chemicals that contribute to inflammation and help expel the parasite from the body.

Cytokines, signaling molecules, such as interleukins, IL-4, IL-5, IL-13, play a crucial role in coordinating the immune response against parasites. These substances and immune cells work together to identify, attack and eliminate macro parasites from the body.

Protective capsules/pills of IgE antibodies and Eosinophils could reach the intestines via mouth, rectum suppository/catheter, vascular system via nano-intra-skin patch, sub-lingual pill, nasal spray for IgE antibodies or micro-intra venal for granulocyte Eosinophils, to attack parasites.

Malaria Plasmodium Falciparum developed strategies to evade the human immune system in-vivo, that can be countered ex-vivo to accelerate in-vivo response, as antigenic variation where the parasite changes proteins on its surface. Ex-vivo antigens/antibodies/cells can help recognize/target them.

After infecting red blood cells, Malaria Plasmodium parasite can hide inside them, shielding itself from direct attack by immune cells. But ex-vivo immune system can supplement red cells, cytokines, antibodies and immune cells, trained to identify intra/extra cell parasite phases.

Infected red blood cells can stick to uninfected ones and to walls of blood vessels, preventing their clearance by the Spleen, a key organ in filtering out infected cells. Ex-vivo immune system can supplement red cells, cytokines, antibodies, immune cells, trained to identify intra/extra cell parasites.

Inhibition of apoptosis by Malaria Plasmodium can prevent the programmed cell death of infected liver cells, allowing it to survive and multiply within the host. But ex-vivo immune system can supplement red cells, cytokines, antibodies and immune cells, trained to identify intra/extra cell parasite phases.
Natural individual antigens, antibodies, antigen loaded adaptive immune cells, innate immune cells can be prepared ex vivo, exposing them to an inferior load of pathogens, to then be re-introduced in-vivo to overwhelm the pathogens with a pre-tested efficient strategy in terms of quantity and quality/type.

CBM Cell Bank Medculture

Cultivating cells/proteins ex-vivo, replicating the in-vivo defense process, can increase efficiency against parasites, being more efficient than traditional artificial allopathic treatments that also have collateral effects. Biologic Medicine of Permanent Life is based on natural technology paradigm.

SAV Super Auto Vaccine

Malaria current vaccines target specific proteins on the parasite surface. Empirical efficacy and real world effectiveness/efficiency is proportional to the dosage/load of antigen/adjuvant leading to a proportional/higher immune response. Quantity, quality/type and coverage determine +80% efficiency.

Current malaria vaccines target the CircumSporozoite Protein (CSP) on the surface of the Plasmodium falciparum sporozoites, stimulating the immune system to produce antibodies that block the sporozoites from infecting liver cells. Immune cells help destroy infected liver cells.

SAS Super Auto Supplement

In addition to supplementing antibodies and antigen loaded immune cells, nano mRNAs intra-skin and micro/macro molecules/proteins/cells intra-venal can replicate proven in-vivo processes ex-vivo, to raise efficiency in eliminating parasites, avoiding low efficiency, collateral effect artificial treatments.
SAT Super Auto Test

Mescope, microfluid saliva, blood, urine, mucus, sweat, tear and fecal matter can identify parasites, proteins/antigens via photonic imaging of cell phone, accessory lenses and network HAI, Human Artificial Intelligent enlargement/analysis,

complemented by mini testing in mini-laboratory.

29)LSP Life Cure Prevention Regeneration Rejuvenation Service Protocol

Allopathic Medicine of Temporary Life technology paradigm abandons over 60 million lives/year globally with over 99.99% living cells. Basic Biologic Medicine of Permanent Life technology paradigm can reduce this by 2/3, using Nutrition, Vaccination and Sanitation. Advanced Biologic Medicine of Permanent Life technology paradigm protects 5 levels of Life including Systemic Life as we know it, with technology as SAV/SAS/IUI/CBM/C-Life/SLR/PLM reducing other 1/3 to zero.

Reactivation of natural regeneration requires revoking/replacing dysfunctional cells first, to avoid their replication, to then reactivate replicating/repairing/reforming of functional cells with proteins, supplemented ex-vivo by individual Cubic Cell Culture, as mRNAs, cytokines, enzymes, hormones.

Reverse gradually internal aging, restoring natural cellular regeneration, rejuvenating from 95 to 25 in 70 years; reverse immediately external skin/articulation aging; eliminate all pathogen/damaging agents/events as dysfunctional cells, cancer, virus, fungus, bacteria, toxin, parasite and trauma.

Health industry mainstream allopathic medicine is under 20% efficient in practice. Biologic Medicine is over 80% efficient, can be +95% efficient copying natural defense system, but can be even +99.99% efficient if individually perfecting/testing ex-vivo, before in-vivo re-introduction.

+99% efficiency against pathogens achieved by replicating/improving ideal conditions ex-vivo of proven in-vivo +95% efficiency process, as space/time reduction, type/quantity selection of antibodies, immune/stromal/stem cells, to revoke/replace cancer/dysfunctional cells and eliminate pathogens.

C-Life
Individual
Cubic-Cell-Culture
Vaccine-Immunotherapy
Prevent-Cure-Supplement-Test
Antigen-Antibody-Protein-mRNA-Cell
Permanent-Life-Paradigm-Protocol-Product-Service
Aging-Cancer-Virus-Bacteria-Toxin-Parasite-Trauma-Fungus

C-Life
C-Car-C-Bot
Cubic-Car-Bot-Cell-Culture
Cargo-Carbon-Composite-Container
AGI-HGI-Artificial-Human-General-Intelligence
Super-Human-Robot-Biologic-Medicine-Doctor

C-Life
Aero-Life-Car
Aero-Life-Campus
Fixed-Mobile-Health-Care
Individual-Residential-Work-Care
Cubic-Cell-Culture-Immune-Regeneration
Reverse-1-Year-Decline-Add-1-Year-Rejuvenation
Natural-Immune-Regeneration-Reactivation-Protocol

1)SAV/SAS/SAT Super Auto Vaccine, Super Auto Supplement, Super Auto Testing.

Individual C-Life Cubic Cell Culture used to produce individually ex-vivo tested vaccines and supplements. Ex-vivo produced antigens and antibodies can be delivered with less invasive intra-skin patch, nose spray and sub-lingual-pill.

Generic non-mandatory diverse vaccines, specially with mRNA/vDNA (messenger/vector) technology, non-use of mask/isolation, generated partial vaccination, pathogen mutation, general contamination pandemics and continuous contamination endemics.

In-vivo non-human mRNA/vDNA vaccines send opposing benign/malignant cell contamination signals to the immune system that may lead to cell attacking or immune disarming. Ex-vivo human mRNA and non-human mRNA create antibodies and antigens that can also form a complex to activate B/T cells.

Eliminating in-vivo pathogens, specially cancer, is a precondition for the full reactivation of cell regeneration/rejuvenation, avoiding dysfunctional cell replication. Super Auto Supplements can deliver proteins such as hormones, enzymes and cytokines to reactivate regeneration/rejuvenation.

Individual-Blood-Drop-Seeding
Cubic-Aero-Graphene-Scaffold
Modular-C-Life-Cubic-Cell-Culture
Super-Auto-Vaccines-Tests-Supplement
Intra-Venal-Super-Blood-Old-New-Swapping
Antigens-Human-Antibodies-mRNAs-Proteins
Intra-Skin-Nano-Nasal-Sub-Lingual-Arm-Patch

2)SAN/SAE Super Auto Nutrition and Super Auto Exercise.

Eliminating substance abuse and substance deficiency, specially to gain muscle mass with protein/calcium supplementation/exercise, provides in-vivo structural base for initial ex-vivo Super-Skin and Super-Bone regeneration/rejuvenation, followed by gradual long-term in-vivo process.

3)IUI Individual Universal Immunotherapy.

IUI C-Life Cubic Cell Culture and/or ex-vivo blood centrifuged immune cell separation, to produce ex-vivo antigens, antibodies, antigen loaded immune cells, cures/prevents aging, cancer, virus, bacteria, fungus, parasite, toxin, trauma, precondition to initiate functional cell regeneration.

4)CBM/C-Life Cell Bank Medculture and Cubic Cell Culture.

Individual modular Cubic Cell Cultures, Super-Bone aero-graphene scaffold, heart-lung bio-reactor oxygenator-circulator-nurturer, bio-filter, replicates ex-vivo bone marrow immune, stromal, stem cells production, development of antigens, antibodies, proteins and antigen loaded immune cells.

5) SLR Systemic Life Regeneration.

Post revoking/replacing dysfunctional cells, full natural regeneration can be reactivated with replicating, repairing and reforming of functional cells. Intra-venal, intra-dermal, intra-muscular or mini/micro-catheter stromal, stem, immune, somatic cells inserted to replace dysfunctional cells.

6) ALR/Super-Body Accelerated Localized Regeneration, Superskin, Superbone and Supercart.
Gradual rejuvenation anticipated with ex-vivo external skin, functional articulation repair, ex-vivo Super-Skin/articulation, cartilage, bone tip, ligament stimulation/protection, regeneration/replacement with aero-graphene scaffold C-Life Cubic Cell Cultures.

III - PERMANENT LIFE SERVICE

Cellular Life regeneration is a natural proven process where immune-regeneration system replicates, replaces, repairs, reforms and/or revokes cells, when system efficiency declines it can be reversed or prevented. Mesistem, Global Medical System, is a biologic health system to implement the Permanent Life Paradigm, Protocol and Product. If general vascular circulation cannot reach cells, multiple segmented circulation will and if this is not possible flash-dry cryo-preservative vacuum-freeze will generate sponge-like porous inter-cellular circulation for full regeneration.

Globocean-United Lands 8 billion Global Citizen accounts for all Humans, offering monthly GLOBAL MEDICAL DIVIDEND reward to provide Substance Abuse Avoidance, Microfluid Preventive Testing, Healthy Nutrition Supplementation Management, Individual Universal Immunotherapy, Microfluid seeding for SuperBlood bank, Permanent Life Protocol, Permanent Life Module, 6 hour/day, 30h/week, 24/7 economy work, eliminating stress of over/under working, Basic Sanitation of air, water, food, without contaminants.

Every citizen has the right to current Government Health services financed by taxation (or service/product sale with 20% surplus citizen dividend) plus Mesistem Individual Health Fund plus Mesistem Health Insurance Against Exhaustion of Fund. Collective Health Funds lead to misappropriation of funds and restrictions to

who/what can be used with those funds, culminating with Life abandonment and appropriation of funds as profit/surplus.

Public and private financing system of contributions/taxes for a collective fund favors Life abandonment ("death"), generating profit/surplus instead of loss/deficit for the collective fund. It is necessary to implement the Global Mandatory Permanent Life Protocol of advanced biological medicine with financing through INDIVIDUAL FUNDS and fund exhaustion Insurance.

Patient's Life is supported/regenerated with individual contribution/tax fund, in case of exhaustion with insurance proportional to the fund and the patient's cooperation with their health. In case of abandonment of Life, the administrator of the fund/health system will not be able to appropriate the fund, nor will family members be able to inherit it, as it is 100% dedicated to maintaining Permanent Life.

Individual-Cell-Bank-Medcultures
Individual-Universal-Immunotherapy
Collective-Super-Auto-Vaccine-Antigens
Individual-Super-Auto-Vaccine-Antigens-Antibodies
Collective-SAV-Lower-Cost-Less-Efficient-Antibodies

Olife
Permanent-Life
Cell-Regeneration
Cell-Bank-Medculture
Systemic-Life-Regeneration
Individual-Universal-Immunotherapy
Replicate-Repair-Reform-Replace-Revoke

8-Billion-Lives.
Prevention-Regeneration.
Permanent-Life-Technology.
Global-Mobile-Medical-System.
Medical-Fund-Insurance-Dividend-Reward.
SAV/SAT/SAS-Super-Auto-Vaccine-Test-Supplement.
Cold-Flu-Covid-Eradication-Global-Annual-Simultaneous-Vaccination.
SAV-Spring-Patch-Pill-Spray-Exosome-Mosaic-Multi-Fragment-Protein-Vaccine.
SAT-Microfluid-Proof-Of-Vaccination-No-Substance-Abuse-Supplementation-Test.

SAS-Nutrition-Exercise-Hormone-Enzyme-Cytokine-mRNA-Regeneration-Supplementation.

SAV/SAT/SAS: Super Auto Vaccine, Super Auto Test, Super Auto Supplement, Cellular Regeneration, Repair/Divide/Destroy/Supplement, 10-20-Years-Age-Reduction, Regenerate 95-85-75-65-55-45-35.

SLR (Systemic Life Regeneration): Human Cells can be fixed (in-vivo mRNA/vDNA gene reprogramming to differentiated young cell:Oct4/Sox2/Klf4), replaced (ex-vivo mRNA/vDNA gene reprogramming to undifferentiated/differentiated stem/young cell, tissue, organ: Oct4/Sox2/Klf4 +cMyc for Stem), destroyed (immune system), divided (DNA telomere extension with hormone/enzyme telomerase), stimulated (cytokine peptide outside cell signaling), nurtured/oxygenated (direct vascular glucose/oxygen and other nutrient supplementation to back healthy cell expansion) to maintain or progress Systemic, Cellular, Atomic, Genetic, Informatic Life levels in Permanent Life Paradigm and Protocol.

SUPERBLOOD: increases quantity, quality performance of blood components to eliminate/cure virus, bacteria, cancer, toxin, trauma, aging, regenerating body and extending life forever. Blood and Skin cells can be cultured to create Superblood/Superskin that allow unlimited young interior blood, organ, tissue health, exterior skin appearance and Life extension.
G$:Global Life Productive Currency.
Global: Global coverage complementing national coverage.
Medical Dividend: vaccination, no-substance abuse, Permanent Life Protocol.
Medical Life Reward: Permanent Life Protocol execution reward.
Medical Health Fund: any monthly contribution-investment for health expenses.
Medical Life Insurance: Permanent Life Protocol cost.
Medical Health Insurance: against health fund exhaustion.
Medical Permanent Life Protocol:systemic,cellular,atomic,genetic,informatic Life.
Medical Systemic Life Regeneration: fix, divide, stimulate, replace cells ex/in-vivo.
Medical Individual Universal Immunotherapy: accelerated immune response.
Medical Life Campus: Permanent Life Product Production.
Medical Global Mobile System: Permanent Life Mobile Module.
Medical-Insured-Fund: individual invests monthly in dividend paying bonds/shares index funds, can use funds for medical expenses at cost/average income +20% surplus (no-abusive price gouging products/services), pays insurance against fund exhaustion proportional to monthly contributions/fund total/compliant health behavior, including vaccination, no substance abuse, following medical advice, receives investment dividends and medical dividends for health compliance.

Medical Fund with any monthly deposit; Medical/Health Insurance against fund exhaustion; Medical Dividend (daily/monthly) health cooperation/prevention

incentive for vaccination, no-substance abuse, micro fluid testing, Permanent Life Protocol, in addition to Medical Reward/Life Insurance (lump-sum reward to protect Life from abandonment, aka “death”), raising productivity to back G$ Life Productive Currency issuing; Global Citizen Dividend income from Global government assets (Globolsa.com, Globocean.org, Globocean, United Lands, Solar Federation and United Nations) and National Citizen Dividend, income from national/local government assets.

Financed by Global Money G$ with ballast in production expansion assets, sponsors, data dividend, percentage over Global transactions, national public/private health insurance, taxes and currency. Global Citizen accounts will be gradually claimed as deposits/services expand. Target of G$100 to 1000 in global currency a month matched by 100 to 1000 in national currency.
(www.mesistem.com / www.globocean.org / www.globolsa.com)

Medical Dividend for medical compliance as vaccination, no substance abuse and Permanent Life protocol, G$10/day can include conditional dividend lump-sums as G$100,000 escrow deposit for medical organizations, doctors, relatives and patients, matched by US$100k in patient available assets, for applying the Permanent Life Protocol or transferring the patient to a Mesistem controlled module, facility, hardware and/or software to preserve life. The dividend can be liberated and split 4 ways as reward when the patients recover their Systemic Life, generating increase of productivity that backs the G$ Globolsa.com currency emission and recovers control total/partial over his current assets.

MESISTEM is a Global Mobile Medical System of preservation of Permanent Life that reduces costs, increases indefinitely the expectancy of Systemic Life, Cellular Life, Atomic Life, Genetic Life and Informatic Life of patients.

Traditional primitive medicine follows a post-symptomatic palliative paradigm of disease and death.

MESISTEM SYSTEMATIZES ADVANCED MEDICINE WITH A MOBILE, PREVENTIVE AND PERMANENT PARADIGM.

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (ATOMICALLY STRUCTURED DEACTIVATED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

1)MESFUND

Patients make a minimum monthly deposit (including for an insurance against fund insufficiency proportional to deposits, balance and preventive cooperation, specially through tests for obesity, physical activity and substance abuse) to their FUND OF INDIVIDUAL INVESTMENT AND SOCIAL SECURITY (FIS, interest/dividend escrow/bound account) to finance basic and/or premium services, in addition to the amount paid by sponsors (insurance, organizations and/or advertisers) (cost + 20% + sponsorships). The main expense of FIS is to finance the execution of the Prevention and Preservation Permanent Life Global Mandatory Protocol; the acquisition and maintenance of the Permanent Life Module (US$9995 + US$95 month), including training as Health Manager to operate own PLM and/or of relatives.

Patients classified as cooperative and non-cooperative (especially relating to substance abuse, mainly leading to obesity, and use of neurological/psychological drugs), with the cooperative receiving a reduction in minimum deposit (and/or higher sponsorship), functioning as economic stimulus to cooperation, added to the possibility of suspension of income originated from sponsor (organization/government/insurer) and diverse psychological support (different philosophies/doctrines in accordance with the patient's social-cultural-psychological background).

2)MESMANAGER

Health Managers openly certified to collect health data (own, family, colleagues, neighbors or clients) with social-economic-cultural information, measurements (weight, size, heartbeat, breathing, etc.), physical samples (saliva , blood, urine, feces, sweat, hairs etc.); preventive strengthening of immune system (vaccines, nutrition etc) and neurological system (not use or abuse of drug for physical or psychological pain, diverse psychological counseling for self preservation and knowledge of neurological alarm system: pain is an information/symptom indicating the location and intensity of a problem and its elimination, without identifying its origin and proper positioning of the body in order to reduce it, can be an aggravating factor of the original problem); home consultation (presential and/or virtual) with general/specialist doctors based on symptoms and test results; maintenance/development of health, preserving/developing an alarm, defense and healing system.

Health Managers are trained to maintain and operate Permanent Life Modules that also offer web interface with Doctors that can also come to its place of operation for direct contact with the user. Patients can have their blood and other fluids retrieved for preventive testing, to harvest stem and immune cells, to be replicated

and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

3)MESHOME

Global Home and Enterprise Care with general check-up from Health Managers and Medical Visits (virtual and/or real). Non-use or abuse of psycho-neurological drugs that act on symptoms and not on causes (use only as a last resort against severe pain to aid sleep in position minimizing/reducing pain).

Cooperative patients receive home or work annual checkup from Health Managers. Uncooperative patients receive daily/weekly/monthly check-ups, voluntary or mandatory: administrative (organizational) or judicial (suicidal or semi-suicidal, indifferent to the reduction in their life expectancy, considered incapable or semi-incapable of self defense/preservation as health damaging drug users).

Certificates of Own Health Cooperation, no substance abuse, no social or professional doping, can be issued monthly (patients with history of abuse) and annually (patients without history of abuse), for organizational ends (rewards and/or sanctions).
Permanent Life Modules are located in the residence and/or workplace of the patient and sponsor. PLMs offer global web interface and database connection with doctors, specialists and health managers that also may go to the local of the PLM.

4)MESCLINIC (1-9 Collective Permanent Life Modules):

Global Micro Intensive Care with Micro Interventions and Diagnostic Equipment. Treatment of patients with non-life-threatening emergency symptoms. Carries small quantities of Permanent Life Modules. ICU (Intensive Care Unit) and IUI (Individual Universal Immunotherapy).

5)MESHOSPITAL (10-100 Collective Permanent Life Modules)-LIFE CAMPUS:

Global Macro Intensive Care with Macro Interventions and Diagnostic Equipment. Treatment of patients with life-threatening emergency symptoms. Carries large quantities of Permanent Life Modules.

Life Campus is a Permanent Life Medical University-Hospital, a Modular-Mobile Life-Factory, Life-Fac, researching/developing/coordinating/producing Permanent Life Paradigm, Protocol and Product. Modular DNA specific production/hospital/factory ICU, IUI, LFI, PLM, CBM, SLR, Clife, Olife, Alife, Nlife, Neurobot, organ building/regeneration, secondary bio-cyber organs/tissues, SAVATESEN Super Auto Vaccine/Test/Supplement/Excercise/Nutrients,

Superblood/heart/lung/bone/brain/cell/skin/dent/cart/food/energy.

Life Campus on Land/water/air horizontal expanding UniG Global Incubator University Green Campus, in Gcities Green Global Cities, connected by Pier-Port-Train-Bridge-Parks, vertical expanding Tower-Pyramid/Aero-Elevator and/or seed Mobile or Life Lab mini-campus:

ICU to Nbot advance/compact macro-mini-micro-nano evolution.
ICU:Intensive Care Unit (Individual Care+Cellular+Cryo Units=PLM).
MFL: Micro Fluid Lab.
IUI: Individual Universal Immunotherapy.
SLR: Systemic Life Regeneration.
ALR: Accelerated Localized Regeneration.
SAV: Super Auto Vaccine.
SAT: Super Auto Test.
SAN: Super Auto Nutrition.
SAE: Super Auto Exercise.
SAS: Super Auto Supplement.
LFI: Life Fluid Incubator.
PLM: Permanent Life Module.
CBM: Cell Bank Medculture.
ESB: Egg Sperm Bank.
Cair: Contraceptive-STD Male-Female Air Condom.
Olife: Mobile Life Campus Production/Service Unit.
Esuit: Medical/aerospace/ocean Permanent Life support system.
Abot: Digital cyber dependent Avatarbot self/internal/remote controlled exoskeleton.
Nbot: Analog bio-cyber independent Neurobot with dual mitotic set of tissues/organs.

DNA SPECIFIC NEUROBOT.
ORGAN BUILDING AND REGENERATION.
SECONDARY BIO-CYBER ORGANS/TISSUES.
SUPERBLOOD/HEART/LUNG/BONE/BRAIN/CELL/
SKIN/DENT/CART/FOOD/ENERGY.

Acar/Ocar/Olife cube-sphere with ICU Intensive Care Unit, compacted/advanced into PLM Permanent Life Module, CBM Cell Bank Medculture, IUI Individual Universal Immunotherapy, Life Fluid Incubator, compacted/advanced into Abot Avatarbot, dependent cyber digital medical assistant and Nbot Neurobot independent bio-cyber analog doctor-bot with dual-structure/organs supporting life of cell-donor.

Life Campus cyber Avatarbot assembly/service, carbon exoskeleton for

able/disabled humans to operate from within or remotely, is base for bio-cyber Neurobot, adding bio-cyber tissues/organs, including bio-cyber uterus, compact/mobile Life Fluid Incubator.

6)MESAPP

Global Medical System Application to coordinate doctors, patients, exams, equipments and substances visiting/delivered to patient's home and/or work.

7)MESDATA

Global Medical System Database holding information of doctors (CV/resume), patients, exams, equipments and substances. Patient's medical information includes physical/medical characteristics, history of diseases, genetic code, personal, social and professional direct/indirect memory/history registration (binary, text, audio and video).

8)MESBANK

Essential and urgent the formation of an individual bank of fluids, DNA, gametes, embryos, tissues and cells, especially stem and immunological cells. Stem and Immune cell bank is an universal paradigm for treatment of viral/bacterial infection, cancer, trauma or any dysfunction in the human body.

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Antigen loaded antibodies and other defensive molecules could also be harvested from cured/convalescent patients blood/plasma, although the ideal is to harvest directly from treated patient, unless there is late stage difficulty to identify pathogen and load antigens (white cells from donors may present auto immune healthy cell attack collateral effects).

Individual Universal Immunotherapy accelerates learning timing and risk exposure reduction of Immune system achieving cure/immunity in vitro/lab to in vivo/body using blood concentrate with immune cells/molecules against virus, bacteria, cancer, toxin, trauma, fungi and aging.

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